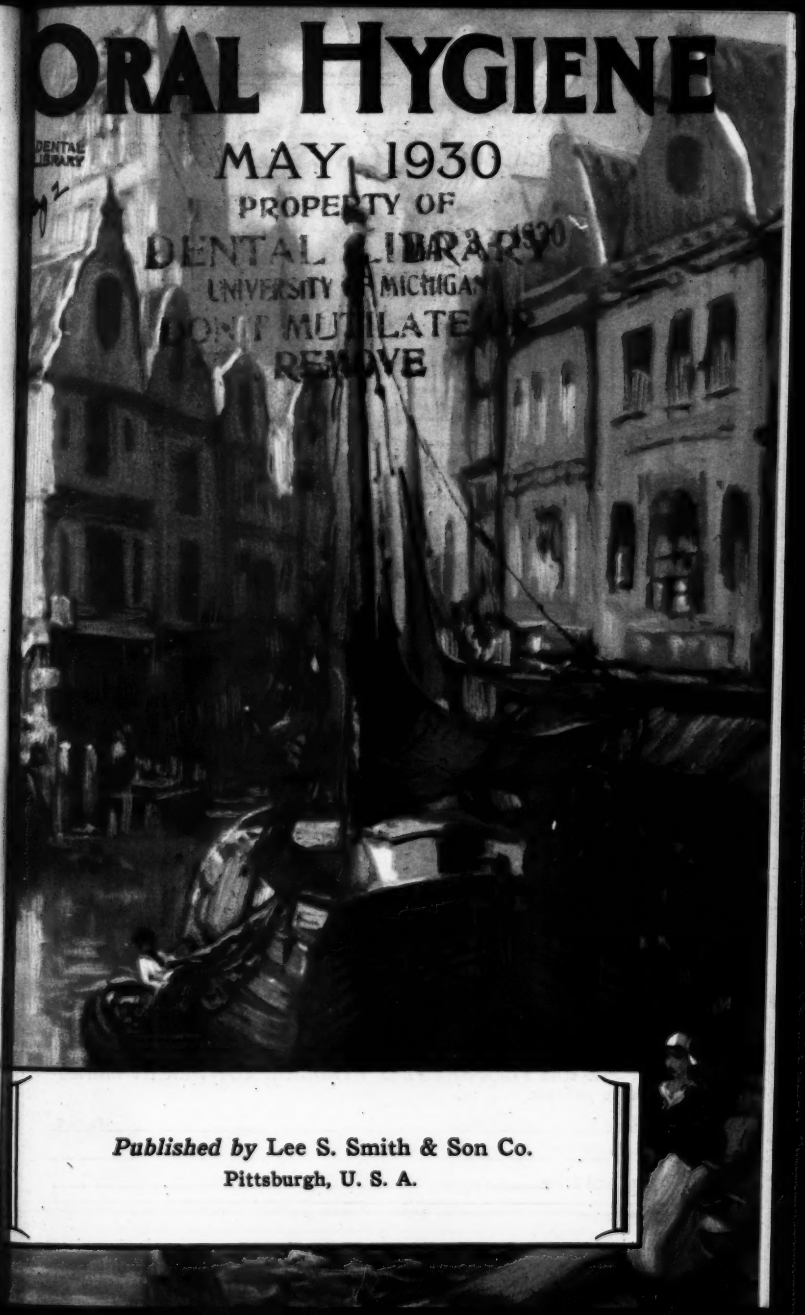
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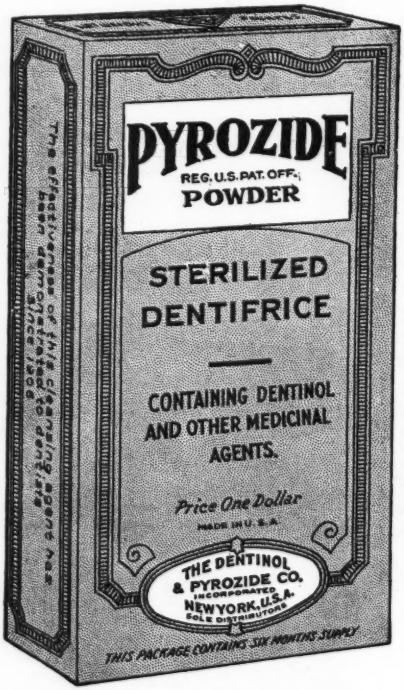

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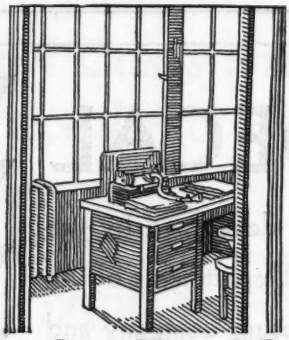

No. 106

CORNER

~~*By Mass*~~

THE LITTLE RED TYPEWRITER: "Wonder where the boss is—he hasn't touched me for days—maybe he's sick—where's everybody? I've been sitting here for a week and no one but the janitor has touched me—why doesn't some one give me a punch, just to wake me up?

"Maybe he wrote the CORNER on some other machine this time. Say, if that guy two-times me, after all these years, I'll jam on him, stick, misspell—oh well, what can you do when you're only a typewriter? Believe me, when I transmigrate into the next world, I'll be darned if I'm going to be a typewriter."

———::———

KOOP, THE PRINTER: "Say, how about the CORNER this time, isn't anyone going to write it? It's long past due now and there doesn't seem to be any chance of getting it out of Mass. That's the trouble—everybody depends on the Boss and just as I was saying the other day—"

———::———

THE DOCTOR: "Take two pink pills, three times a

day, followed by four white ones, five times a day, intermittently, and then be very sure that you—"

———::———

JIM KAUFMAN: "Sure I'm production manager around here but what makes you think that I am responsible for the CORNER just because the Big Smoke is sick and did not write it? My job is to see that things are produced around here, not to really produce them. Who ever heard of a production manager producing anything?

"Of course now, if Mass can't write the CORNER, I will be glad to do it. I have some ideas of my own as to how the CORNER should be written. I think that ORAL HYGIENE readers would like to hear more about the manner of producing a magazine. Now, for instance, there is the subject of art and illustrations—"

———::———

A MIRROR: "That fellow Massol just gave me a glance that I didn't understand. I haven't had anyone look at me like that for a long time. Did he make a face at me? If he did, I shot him back a view that must have turned him pale. Perhaps he *is* sick. I wish I could be more tactful, but I always have to tell the truth."

———::———

JACK DOWNES: "Write the CORNER? Why sure, when do you want it? I have heard Mass talk about the CORNER so much that I almost feel as if I have been doing it all these years.

"Now let's see, all you have to do is set the spacer on the typewriter from one to fifty and type about a hundred and twenty lines of stuff.

"What will I write about? One thing that I think the CORNER-customers would like to know more about is the new Latin-American Edition of ORAL

HYGIENE we are getting out. For instance, did you know that in 1927, in the *one* country of Ecuador, there were two hundred and fifty-four thousand and—?"

———::———

MASS' STOMACH: "Say, Mister, what's the big idear up there? What am I supposed to do, sit here like a silly and let you starve me to death? You haven't slipped me even a ham hock for days. In fact I haven't seen any food for so long that I have decided you must have trismus. Maybe you are not hungry but if you don't want me to go on a permanent strike, hand me down some groceries. Hey, Esophagus, Pancreas, Liver, let's give 'em the old army yell. All together, now—*We Want Food!*"

———::———

KOOP: "My God, no CORNER yet?"

———::———

TED CHRISTIAN: "The CORNER? Why didn't you say something. I've been itching to get a whack at that. Let's see, one hundred and twenty lines—how long each?

"What this CORNER needs is a lot of good technical jargon. Dentists want to know more about Palæontology, Splenoparectasis and Botryomycosis. They don't have time to read anything outside of dentistry and there is so much that could be written about such subjects as Hyposialadenitis and—"

———::———

MASS: "The CORNER? Go sit in it. Oh, if you could only tell me how one man could be so sick. I'm glad I am not any bigger than I am, because there is more sickness to the square inch of me than there is

in Dorland's Medical Dictionary. What do you mean, CORNER? No spig Inglis."

———::———

THE LINOTYPE MACHINE: "Wonder why the CORNER hasn't come through yet. I always look for that mess of verbiage each month and, to tell the truth, I rather like it because it slips through so easily. Just think, I have put that thing into type exactly 105 times already. I am not one to complain, but sometimes I don't think that I am fully appreciated around here. If it wasn't for me they wouldn't have any magazine, CORNER or etaoin shrdlu cmfw."

———::———

ROBERT: "Koop just 'phoned and wants to know when—"

———::———

MASS' SHOES: "Can't someone step into me and get that CORNER written?"

———::———

THE CORNER'S GHOST: "What is all the fuss about? Everybody is worrying about who is going to fill this space, when it is the folks who have to read it each month who should worry. It is midnight, the shop is deserted—*I* will write and set the CORNER."

———::———

LINOTYPE OPERATOR (next morning): "Who has been fooling with my machine? Look, the CORNER! —it's set! Spooks, ghosts, Lon Chaney—boys, I'm off the stuff for life."

CONTENTS

May, 1930

Illustrations by James W. Kaufman

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A JOURNAL FOR DENTISTS

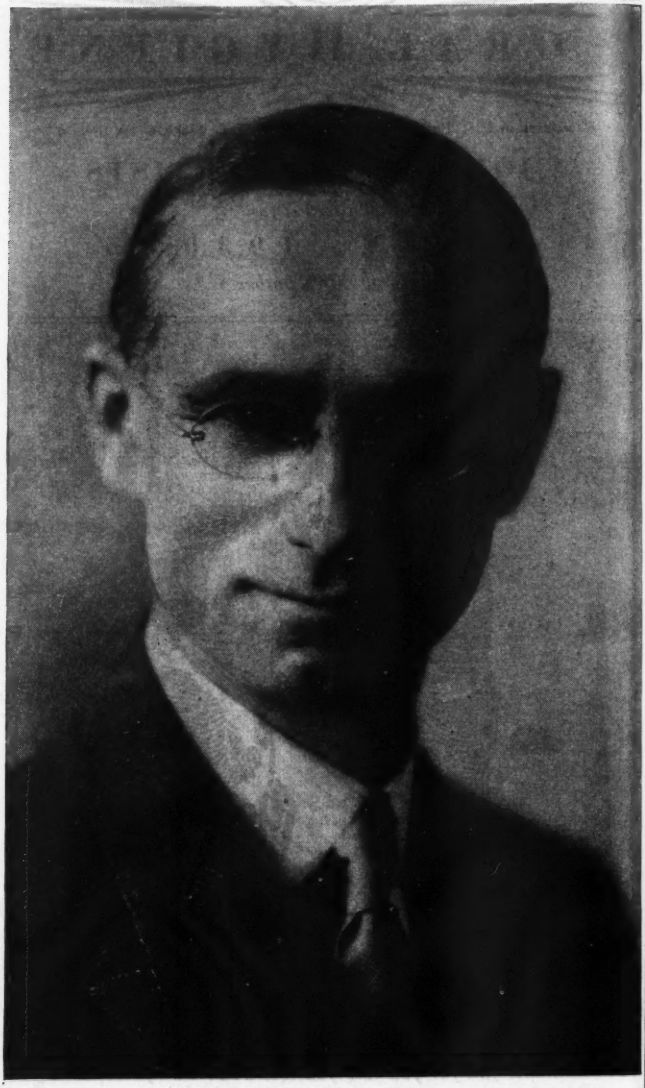
Twentieth Year

MAY, 1930

Volume 20, Number 5

Drawn for Oral Hygiene by Frederick Lewis

"Just a few drops on your hands, Doc, after you wash 'em, and the dames fall for you like you was John Barrymore."



F. N. Doubleday, L.R.C.P., Lond., M.R.C.S., L.D.S., Eng.

PANEL DENTISTRY

An address by F. N. Doubleday, L.R.C.P., Lond., M.R.C.S., L.D.S., Eng., London, England.*

Discussion by Herbert E. Phillips, D.D.S., Chairman A.D.A. Committee on the Study of Dental Practice, Chicago, Illinois.

As reported by T. N. Christian, D.D.S., Assistant Publisher of ORAL HYGIENE.

FOREWORD

What Is Panel Dentistry?

Before attempting to answer this question, let us tell you why we believe you will be interested in knowing what Panel Dentistry is.

American dentists who have visited England during the last few years have heard numerous references to Panel Dentistry—exciting a natural Yankee curiosity to learn more about it.

Upon returning to this country these travelers told about a new system of practice that was having a decided effect upon the economic welfare of the individual practitioner in England.

During the summer of 1929 a prominent American dentist and trustee of the American Dental Association spent considerable time in England and returned with a firm resolution to assist in informing the dental profession of America regarding what was happening to its colleagues on the other side of the Atlantic.

Through sheer good fortune this American dentist recently found a chance to bring the story of Panel Dentistry before the dentists of this country in such a forceful manner that they would be impressed by its vital importance.

One of England's most prominent dentists, who has been closely in touch with the progress of Panel Dentistry, recently decided to visit the United States and Canada on a study and lecture tour.

This was seized upon as a splendid opportunity to bring before the American profession

*Presented before the St. Louis Dental Society, March 15, 1930.

a first-hand description of Panel Dentistry and arrangements were immediately made for the visitor to read a paper on this subject before the St. Louis Dental Society on March 15th, 1930.

This brings us to the distinguished visitor himself, F. N. Doubleday, L. R. C. P., Lond., M. R. C. S., L. D. S., Eng., who holds a high place in the British professions of dentistry and medicine.

Dr. Doubleday (he told us that it is usually "Mr." in England) is a past-editor of *The British Dental Journal,* President of the Metropolitan Branch of the British Dental Association and at present is Dental Surgeon to Guy's Hospital, King George V Military Hospital, Editorial Representative of the Proceedings of the Royal Society of Medicine, contributor of many important dental and medical works and in every way an outstanding member of the English profession. In addition to this he is a most cultured gentleman of delightful personality.

We will now present Dr. Doubleday's address which was delivered before approximately 400 members of the St. Louis Dental Society and visitors from various parts of the country—preceding it with the introduction delivered by Dr. W. A. Chamberlain, President of the St. Louis Dental Society:

Dr. Chamberlain Introduces Dr. Doubleday

As I understand the meaning of Panel Dentistry, it is a plan of meeting the need for supplying dental services to the masses.

Public dental education is going on to the extent that there is more of a demand for dental service than there are means of meeting that demand.

I am told that the dental profession of the United States is today drawing its patronage from twenty-five per cent of the population. There is an effort on the part of the American Dental Association to meet the need of supplying dental service to the balance of the population, rather than letting the politicians devise a plan and meet that need.

We are fortunate, tonight, in having two men to discuss the subject before the Society. Dr. Doubleday, of London, England, can explain to you the practical application of the plan of Panel Dentistry, as practiced in Europe, particularly in England, and Dr. Phillips, of Chicago, Chairman of the Committee appointed by the American Dental Association, will explain to you the methods of the American Dental Association in devising some intelligent means of meeting the condition that will arise and confront the profession in time.

It gives me great pleasure to introduce a charming Englishman, Dr. F. N. Doubleday, of London, England. (Applause

and rising greeting extended to Dr. Doubleday).

DR. F. N. DOUBLEDAY: Mr. President and members of the St. Louis Dental Society: I want to divide what I have to tell you into two parts. In the first place I will read from a set paper certain facts regarding this practice under the National Health Insurance Act in England, and then, in closing the discussion (which I hope will ensue), bring out certain other points which I think may be of particular interest to you, as dentists in this country. I am a little concerned lest the barbarous manner in which we speak the English language in my country may make my speech somewhat unintelligible to you, but now I see you have presented your President with a new gavel, I know that he will have the means of silencing me, should that prove to be necessary. (Laughter).

Public health service has for its chief object the prevention of disease; from the time of Elizabeth, some attempts have been made in England to care for the poor and laboring population, the first public health law having been passed in 1601. It was not, however, until the commencement of the last century that the problem was given serious consideration. Then, a Royal Commission was appointed to consider the terrible conditions under which young children were laboring in factories. One of their chief recommendations was the appointment of a paid professional inspector, who would see that the proposed new laws were properly enforced.

In 1831, a severe cholera epidemic led to the formation of a general registry office, which recorded the cause and locality of all deaths. This served to show up certain areas of infectious diseases; other inquiries showed how great a burden was thrown upon the parish, when a laborer, through preventable illness, became dependent upon the Poor Funds, together with his wife and children. There thus grew up two means of dealing with the sick poor.

Under the Poor Law Board of 1834, and the General Board of Health, Sir Arthur Newsome points out that the characteristic difference between these services is that one was an alleviation of results and the other an investigation of causes.

In 1840, vaccination was made compulsory in Britain and one of the worst types of fever was almost banished by this means. Under this Act, special medical officers were appointed to carry out its provisions in every parish. In 1848, Dr. John Simon was appointed the Medical Officer of Health for London; Liverpool had already appointed such an officer in the preceding year. Among Dr. Simon's reports are to be found the following pregnant passages:

"The fact is that except against willful violence, life is

very little cared for by the law, and, again, it is the public that, too late for the man's health or independence, pays the wages which should have hindered this suffering and sorrow."

In 1871, the Public Health Service was placed under a body

W. A. Chamberlain, D.D.S.

President, St. Louis Dental Society

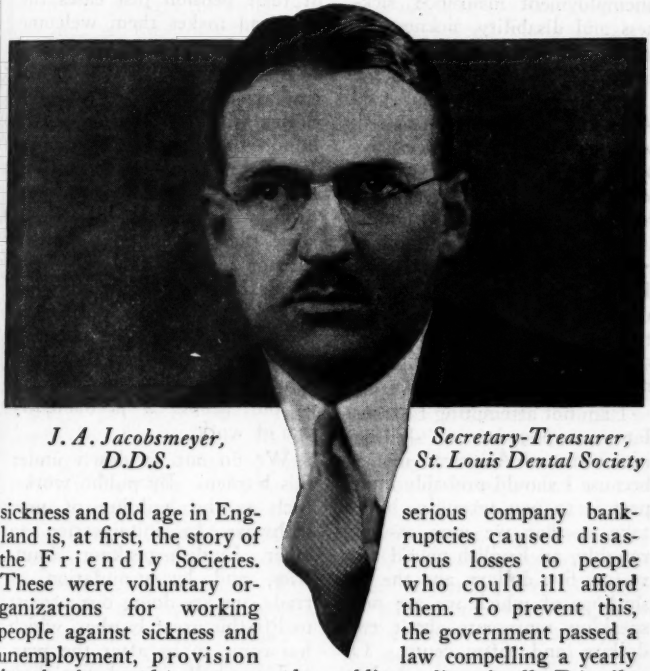
termed the "Local Government Board." This organization was concerned with Poor Law administration, as well as public health, and its principal officers and inspectors were laymen. Among other matters, the Board was charged with the care of sewage and drainage, safeguarding water supply houses, prevention of nuisances, regulation of offensive trades, infectious diseases and the provision and maintenance of hospitals.

The earliest organized efforts toward National Health Insurance were made in Germany; the Prussian Common Law of 1794 dealt with the relief of destitution, the provision of employment for the workless and the detention at forced labor of the idle and the vicious. The Kranken Kasse was an organization of miners who worked their mines on the co-operative principle and cared for their members in time of sickness, accident and infirmity, as well as for their widows and orphans.

Under the influence of the English Friendly Society Movement, a Prussian Law was passed in 1854, empowering local authorities to require dependent working people to join benefit societies. After the formation of the German Empire, in 1871, these schemes were

consolidated. Harbut Dawson quotes Bismarck as saying, "The object of the act is to win over the working classes to regard the state as a social state, existing for their sake and interested in their welfare."

The history of provision for long, public companies, such as the Prudential Assurance Association, grew up to fill this function in the corporate life of the nation. Among them were some companies run by unscrupulous financiers, for their own ends. At various times,



J. A. Jacobsmeyer, D.D.S.

Secretary-Treasurer, St. Louis Dental Society

sickness and old age in England is, at first, the story of the Friendly Societies. These were voluntary organizations for working people against sickness and unemployment, provision for fundamental expenses and other things. The workmen elected from among their number a president, secretary, treasurer and other officials, to whom the working people paid small, fixed weekly contributions.

These organizations obviously filled a need, and so, before serious company bankruptcies caused disastrous losses to people who could ill afford them. To prevent this, the government passed a law compelling a yearly public audit of all Friendly Society accounts, and this has eliminated that type of society in England.

Under the National Health Insurance Act of 1911, certain great societies, such as the Prudential, were recognized as approved societies, by the government which used them as agents

in working out the provisions of this act.

The National Health Insurance Act, of 1911, introduced by Mr. Lloyd George, consolidated previous acts relating to old-age pensions, compensation for injuries during employment, unemployment insurance, sickness and disability, sickness insurance benefits, and what are termed "additional benefits."

In the year 1908, an Old Age Pension Act was passed, which provided the sum of five shillings a week for every insured person over seventy years of age, if the beneficiary had an income from other sources not exceeding ten shillings a week. By subsequent acts of parliament, this has been amended, so that persons of sixty-five years of age obtain a pension of ten shillings per week.

I am not attempting to translate our pounds and shillings into terms of American money, because I should probably interpret it to you wrongly, but I take it that we may assume, roughly, an English pound represents five dollars, and the ten shillings of which we are now speaking represents about two dollars and fifty cents. Of course, when we are dealing with these sums, you must remember that a dollar in England will purchase about twice as much as it would in the United States, and you must reckon that when you are considering the value of money.

The idea which lies behind this act, that is to say, the consolidating National Insurance Acts of 1911, is that every aged person should be assured of a living, although the amount is small; in many cases these aged persons have children or other relatives or friends, with whom they may live, and the amount of their pension just eases the way and makes them welcome and life more easy.

Another reason is that of unemployment. In the United States, with a population of one hundred million, you have now, I believe, about three million unemployed, which is only a drop in the bucket. In Britain, since the war, with a population of forty million, we have regularly an unemployed population of from one million to a million and a half, varying with the season of the year. That is to say that one in forty of our people is permanently out of work.

We do not sit down under this burden. By public works, such as the building of new highways, by immigration to other English-speaking countries, and by stimulation of trade, we are doing our utmost to lift this great burden, which has come to us after the war, and we shall succeed, but these social problems take time to work out.

It is useless for us to attempt to flood other English-speaking countries with our surplus population and so to cause unemployment and a lot of cheap labor there and as you well know, the other countries will

not accept it. Further, they want the pick and not the dregs of our working-class population, which adds to the problem for us.

Under these conditions, we consider that if for a time there is not work for all, it is better to pension the older people and get the younger ones to work. To allow young persons, fresh from school, to be unemployed, is to develop idle and perhaps vicious habits, which cannot afterward be eradicated.

These old-age pensions are paid to the recipients locally, through the postoffice, by means of checks payable weekly and issued to the insured person in quarterly books. There is also a pension, payable to widows and orphans, when the insured dies after one hundred and four weekly payments have been made by him. The widow receives ten shillings a week and an allowance of five shillings a week for the first child and three shillings for each additional child, under the age of fourteen. A child under fourteen, left an orphan, receives seven shillings and six pence a week, which money is usually employed to board the child in the family of some person willing to receive it.

Compensation for injuries was begun in 1897; it covers certain industrial diseases as well as accidents. The benefit for total incapacity is half wages, with a maximum of thirty shillings a week. There are payments for partial incapacity and payments in case of fatal accidents.

Unemployment insurance, labor exchanges, which are government agencies for providing work for unemployed people and workers for employers requiring special kinds of labor, were instituted in 1909. Compulsory insurance against unemployment was started in 1911, and has been extended since. It applies to all persons eligible for insurance, except agricultural and persons in domestic service. We have so few of those. If an agricultural worker or domestic servant is available in England, everyone rushes in to employ him.

The benefits have been eighteen shillings per week for men and fifteen shillings for women, with an additional benefit of five shillings for wives and two shillings for children. Sickness insurance benefits are of two kinds, medical benefits and cash benefits for (a) sickness, (b) disability, (c) maternity.

All persons between the ages of sixteen and sixty-five, who are employed under a contract of service in manual labor, must contribute to these insurances. The employer is responsible for the payment of his own and his employees' contributions. The payment is made by the purchase of Health Insurance and Pension Stamps, from a postoffice. These may be affixed to a card which the employed person obtains from

his, or her, approved society. Alternatively, the contributor may pay into the postoffice, and is known as a "deposit contributor." The approved societies are Friendly Societies, recognized by the government and are associations of working people for mutual aid, in order that they may be recognized by the government.

For this purpose, they must, first of all, show that they are not carried on for profit, that they are under the absolute control of their insured members or their duly elected representatives, and, thirdly, that any honorary members, whom they may have as directors or financial advisors, must be excluded from voting on state insurance matters. The government contents itself with the annual examination of their accounts, and with the quinquennial valuation and revaluation of their funds. This is a safeguard against lax finances or fraud.

When the funds reveal a surplus, as so far they have always done, at the end of each five years when the valuation is made, the surplus funds are available for what are termed "additional benefits." Those additional benefits, which are in chief demand by the insured persons, are dental benefits and optical benefits. If, in due course, money is available, these services are sure to become full statutory benefits.

May I just bring that point out again, perhaps a little more clearly? In England, we are very cautious people, and we will never move beyond the point where we believe we can support our position. When this National Health Insurance Act was introduced in 1911, there were a large number of Jeremiahs among us, who foretold that it was speedily coming to bankruptcy, from the demands which would be made upon it.

Therefore, the original benefits under sickness schemes were limited to certain forms of medical treatment, certain forms of maternal treatment and what the government looked upon as non-essential services (of which the provision of dental services was one) the provision of spectacles, the provision of orthopedic appliances and others.

They said, "If we prove to have enough money out of these surplus funds, then these things shall be additional benefits," and of such additional benefits, there are perhaps from eighteen to twenty.

Now that the Act has been in force for nearly twenty years, it is seen quite clearly what additional benefits insured persons ask for.

One of the things which the people in England demand of their own accord, is dental treatment out of the additional benefits.

If, in the course of the next valuation at the end of another five years, the capitalized funds which are accumulated under the Insurance Acts, prove to be sufficient to show that we can

What's It All About?

What's all this about Panel Dentistry?

ORAL HYGIENE believes it to be a topic of paramount importance. Numerous articles, scheduled for this issue, have been lifted to provide room for the complete story of the St. Louis meeting.

The magazine employed a Stenotype operator to record every word of the proceedings so that no shred of information would be lost.

No alert dentist can afford not to read every word of it.

support permanently the burden of dental benefits, they will be transferred from the optional category of additional benefits, and they will be made statutory and permanent benefits, under the Act that we anticipate will take place in another five years' time.

There is a body, termed the Dental Benefit Joint Committee, appointed by the Minister of Health, consisting of fourteen representatives of approved societies, and fourteen representatives of dental organizations. From among this body, a chairman, a government official, a vice-chairman and a dentist, have been chosen. They consider, among other matters, such questions as the following:

The form of estimates for dentures, having in view the original provision of schemes, the whole cost of treatment, and not less than fifty per cent of the cost of dentures must be borne by the approved society; the method of payment of the cost, if any, to be borne by the member; questions relating to the free c h o i c e of dentists, among those willing to work on the recognized scale and conditions and restrictions contracting out of the agreed Panel.

That gives me the opportunity of explaining to you what is meant by the Panel. There is no compulsion on any dentist to undertake work under the fixed scale of fees, of which I will give you examples in a moment. Every dentist who works under this scale of fees does so voluntarily, and if he considers that he can make a more lucrative practice for himself by working only for profit patients, then he may do that.

But if, on the other hand, he prefers to give his time in whole or in part to this insurance practice, then he puts his name upon a government register,

which is known as the Panel, and this Panel is supplied to the approved societies.

When the working people, who are their members, want to get dental benefit, they go to their approved society official and obtain from him a dental letter (which is too voluminous for me to read to you now) and also a list of dentists who are upon the Panel.

Then, they go away and talk to their friends, and their friends say, "If you go to Mr. So-and-so, he will hurt you when he takes your teeth out, and if you go to Mr. So-and-so, he will make a denture that won't hold up, and if you go to Mr. Somebody-else, he will treat you extremely well," and so it comes about that of all the men on this Panel-practice those who take an interest in their patients and do their work well will attract a large Panel practice, and, by reason of their gross turnover, will make a good income.

On the other hand, those who take little interest in their Panel practices and say, "These are working people and I am not interested in them," meet the punishment which they justly deserve.

The Panel, then, is the government list of dentists who have voluntarily undertaken to work for the scale of fees and under the conditions of practice which we shall enumerate in a moment.

This Joint Dental Benefit Committee, of which we are now speaking, further deals with points of interpretation of conditions of service, matters relating to the supervision of service and the procedure to be followed in complaints or disputes.

Lastly, what has been a greatly-disputed point among us: the possibility of instituting clinics for dental treatment, in particular areas, and the desirability of encouraging steps to this end on the part of the dental profession. That is to say, instead of the dentist giving the treatment in his own office, a certain number of clinics have been established experimentally, so the insured persons go to the clinic, and there the dentist will work for them under a certain amount of central organization and central supervision.

The letter, of which I have a copy before me, must be filled in by the dentist, and that, of course, is in some respects objected to by the dentist. He must fill in the precise details of the treatment which he proposes to carry out, and he must put down the amount, the agreement of fee to which he is entitled, and the insured person then returns with this letter to the approved society.

The officials of the approved society, who are very much like trades union officials, want to save the funds which they have at their disposal, and, therefore, they tend to dispute the dentist's estimate, and to say, "Well, is it really necessary

that a certain tooth should be filled?"

Another great difficulty has been caused. An insured person will perhaps box—we do a good deal of boxing in England, as you do in the United States—and he will get a front tooth knocked out. The approved society will object to one tooth being replaced, and then ensues a battle between the dentist and the approved society, and the dentists are liable to be placed in a very invidious position by the non-approval of this estimate by the paid officials of this society.

If the treatment to be carried out is of a minor character with a fee of less than ten shillings, the dentist may carry it out immediately, but if it entails a larger amount, he must fill in the details of the estimated treatment he proposes to carry out.

In accordance with the quinquennial valuation, the scale of rates has been reconsidered, with the result that, under pressure of the approved society, the dentists have agreed to accept a reduction, amounting to 6.8% on the previous scale of fees.

You must remember that in negotiation upon such a scale of fees, the approved societies are represented by highly-trained and experienced representatives, who have spent their lives in industrial disputes and in dealing with financial conditions, and the dental representatives, on the other hand, have spent their lives in practice, and although they work nobly and with great self-sacrifice in the interest of their fellow practitioners, they are at a disadvantage when faced by these highly expert, prominent, paid officials of the approved societies, in such societies as those about which we now speak.

This reduction of fees is greatly to be regretted. It means that the more capable dentists, who can get enough practice without it, will refuse to do insurance practice, and it means that insured persons and approved societies are only getting a grudging and enforced service from dentists who are compelled to do this kind of practice for a living.

The reasons which induce the dentists to accept this reduction throw much light on the conditions of practice, in this connection, in Britain.

They are regarded to be as follows: the Minister of Health will now make the scale of fees compulsory upon all approved societies; in the past this has not been so, and, as a result, certain societies have endeavored to undercut the regulation scale of fees, and some of the dentists have been willing to blacklist their fellow practitioners and to work at lower rates.

This has occurred, especially in the industrial districts, in the North of England. It has been a great handicap to the dental representatives in their negotiations, because the approved societies' representatives have been

Meeting of the St. Louis Dental Society, March 15th *led by a*

Oral Hygiene Photo.

15th ...led by approximately 400 members and visitors.

able to say, "Well, we are getting dental service which you may not look upon as ideal, but which is satisfactory to us, at a lower scale of fees," and, therefore, they have tended to cut down and have succeeded, to some extent, in cutting down the whole scale of fees on that account.

The agreement was to stand for six years and at the end of that time it is hoped that the benefit may become statutory and it may be possible to get the scale of fees raised again to a higher level.

The reduction in the scale has been on the side of prosthetic work, as it has been desired to encourage dentists to undertake conservative work on patients, to the fullest possible extent, and it is hoped, by cutting the fees on prosthetic work, to discourage the extraction of teeth and the making of plates.

Where disputes arise between the dentist and the approved society or the patient, regarding treatment, they are at first dealt with by direct correspondence between the dentist and the society. Use is also made of an official termed the Regional Dental Officer, who examines and makes an impartial report on the case in dispute, which may be an effort on the part of the approved society to cut down part of the treatment recommended, or a complaint by the dentist that the patient will not do his part—for example, in wearing his dentures, or a complaint by the patient that the dentures do not fit, and so forth.

Most of the disputes are due to endeavors on the part of the approved societies to object to some certain treatment recommended by the dentist as necessary and objected to by the laymen, who are the officials of the approved society, in order to cut the amount which they must pay toward treatment.

The Regional Dental Officers, who are, in the first instance, referees in these cases, are dentists appointed by the Minister of Health and giving their whole time to this work, like any other civil service. There are five for England, one for Scotland and one for Wales.

Their work has been criticised greatly by the dentists, on the ground they have tended to act as directors of treatment, in some instances making reports which tend to override the conception of treatment, as seen by the practitioner, and so to create a lack of confidence between the patient and his dentist.

As the Regional Dental Officers are not numerous enough to deal with all the cases which are referred to them, other part-time dental officers, who are also in practice, have been appointed and are often, themselves, engaged in Panel work.

Their decisions have caused still more dissatisfaction to their colleagues, and the suggestion is often made that they are biased by the nature of their partial Panel work, and do not act as impartial adjudicators be-

tween the dentist and the patient.

If the recommendations which the Regional Dental Officers make are unacceptable to either party, appeal may then be made to the Dental Joint Committee, which is the joint body of the approved society representative and the dentists in equal number. If the dentist appeals against the decision, he must make a deposit of one guinea and lose time.

In the Dental Benefit Joint Council, the sub-committee, which deals with such cases normally, consists of a chairman, three dentists and three representatives of the approved societies. The following is an example of some cases which are referred to this committee and decisions which they have made:

Here is a case where the question arose on two multiple fillings on a single tooth, and the decision was, as it appeared from the dentist's letter, that the circumstances were exceptional. It was open to the Society to accept the estimate or the Society might refer, in such cases, to the Regional Dental Officer.

Instead of the dentist getting support in that case, he is rather pushed off into the hands of the Regional Officer and may be forced to give way.

Here the answer was, "It was not possible to give a satisfactory definition of this term, as occasion might arise in which the extraction of a single tooth might entail prolonged waiting before a denture could be inserted, where in other cases, the removal of certain roots might not cause delay." Therefore, in every case where the dentist attempted to insert a denture prior to three months after extraction, the consent of the society must be obtained before the work was commenced.

One more case, a case in which extractions and dentures were completed and the patient died on the day before the denture was to be inserted. The decision was: if payment in full of the amount from the society be made to the dentist, that the dentist be asked to waive any claim on the relatives of the deceased. If, however, the dentist decided on his full fee, the expenses were to be shared between the society and the relatives, and the dentures were to be handed over by the dentist to the society.

Now, I hope you will see that these are actual official cases, which are reported as having occurred, and what they mean is this: in every one of these cases the dentist must, first of all, deposit a guinea, that is to say, five dollars and twenty-five cents, for the privilege of having his case heard.

Then, he must devote a good deal of correspondence in explaining to the officials, by letter, the grounds upon which his complaints are made, and that, of course, takes his time, and, incidentally, destroys his temper.

Then, having passed through

the hands of the Regional Dental Officer, he finally arrives at this adjudicating sub-committee, composed of a dentist as chairman, three dentists and three approved society representatives, who are laymen, as the final court of appeal. This final court of appeal, instead of coming to the side of the dentist, sits upon the fence and leaves him "in the soup," and that is an extremely unsatisfactory condition of affairs, due to the fact that the dentists have not been sufficiently alert. They have allowed too much of the influence in these conditions to pass into the hands of the lay members of the committee. It is the result of the dental letter.

Now, I have nearly finished, I hope I am not wearying you with my barbarous English tongue—I shall be done in a moment.

Now then, I just want to mention to you a few of the conditions which are laid down for the regulation of this practice. These are regulations laid down by the Ministry of Health, which is the government department charged with this service.

The agreement embodied in the scale of dental charges implies that the dentist shall apply to each case he undertakes, the degree of skill and attention necessary, irrespective of whether the patient comes to him under the terms of this agreement or as a private patient.

The agreed scale of dental charges is based upon the understanding that the dentist shall not be required to accept installments or incur the risk of bad debts, and may decline to commence or proceed with work until the proportion of the cost payable by the member, has been paid by the latter to the dentist. That, of course, is one of the desirable features of this scheme, both for medical and for dental practice.

Before the passing of this Act, there was a good deal of dental and medical treatment conferred upon poor patients who, when it was completed, proved unable to pay for it, and, therefore, the dentists had many bad debts.

Under the provision of the Insurance Act, bad debts become impossible, because once the letter has been signed and accepted by the approved society, then payment automatically follows, as soon as the treatment is completed.

There are other provisions, but those are just one or two to give an idea of what they are like. Here is a specification of materials to be used for work on members of approved societies:

1. "All filling material to be of first-grade quality, manufactured by the best-known manufacturers and suitable for each individual cavity.

2. "In prosthetic vulcanite work, if pin teeth are used, all pins to be of (a) platinum, (b) nickel-gold cased, or cased with other precious metal, or (c)

nickel-alloy gold cased or cased with other precious metal, such as are made by the best-known manufacturers. (N. B. Pins, gold or platinum, sheathed, i.e., anchored, within the porcelain or within the above specification).

"3. If diatorics are used for anterior teeth, they are only to be used in cases where artificial gum is necessary, and the upper anterior teeth must be wired in.

"4. (a) All vulcanite partial cases must be sufficiently rigid. (b) Metal strengtheners must be compatible with vulcanite and not liable to corrode in the mouth.

"5. All rubbers to be of first-grade quality, manufactured by the best-known manufacturers.

"6. (a) Where gold has to be used for dentures by special estimate, it must not be less than sixteen carat and must be of adequate strength. (b) Bands and wires to be of not less than sixteen carat gold, and bands to be not less than seven gauge."

So you see, the conditions and the materials which the dentist may use are very strictly laid down, and they are very carefully looked after by the officials, who deal with these matters.

In conclusion, you must remember that this is only a part of the service offered to poor people in our country. Each County Council and every municipality maintains its hospitals and infirmaries and selected centers for treatment of such things as tuberculosis, orthopedics, etc.

The most interesting feature of this is the school dentist. Every large city has its own clinic, and in the rural districts, the school dentists travel from point to point in autos. The full-time dental officer is paid from five to six hundred pounds a year. Women dentists are very successful in this work. Dr. Livingston, head of the Dental Service of the London County Council, has kindly supplied me with figures showing the nature of this work during the last annual period in which figures were available.

1928: Number of children of all sorts in the schools.....660,000
Number of children inspected....226,279
Number of children found to require treatment 156,001
(which is 68% of the number inspected).
Number of those actually treated, 129,255
Number of fillings in permanent teeth 84,646
Number of fillings in temporary teeth 32,172
Total 116,818

Extractions of permanent teeth 51,323
Extractions of

temporary teeth.	355,425
Total	406,748
Number of general anesthetics given	75,367
Other operations	26,512
Number of dental treatment centers	64
Number of dentists who inspect children	65
Number of dental surgeons at work	92

Nearly all are part-time.

Beyond this, I have only time to mention the magnificent service in the care of employees, which the great industrial companies afford to their employees. (Applause.)

[Editorial Note:

Before presenting the address of Dr. Herbert E. Phillips, let us call your attention to a movement instituted by the American Dental Association, which has a direct bearing on the remarks of Dr. Doubleday and the following address by Dr. Phillips.

Having learned from Dr. Doubleday of the metamorphosis undergone by the British dental profession within the past decade, you will now be in a better position to understand why the officials of the American Dental Association have for some time been cognizant of the fact that sooner of later the American profession would be called upon to place an evaluation of the cost of dentistry to the public.

It realized that if the time ever comes when the public will demand dental service through such a plan as that in force in England, Panel Dentistry, the dentists of this country must know what the real cost of dentistry is and for what they can afford to furnish their services to the public on a "mass-production" basis.

With these thoughts in mind, a questionnaire, intended to bring forth this information, was sent out under the direction of Dr. Phillips and his committee. Dr. Phillips will explain the plan and the urgent need for every dentist in this country to co-operate by filling in the data requested and seeing that his neighbor does, also.

This is not a proposition limited to members of the American Dental Association but is of just as vital importance to every dentist in the country.

We will now bring you back to the meeting where Dr. Chamberlain will introduce the next speaker, Dr. Herbert E. Phillips.]

CHAIRMAN CHAMBERLAIN: Dr. Herbert E. Phillips, of Chicago, an outstanding man in the dental profession of the United States, Chairman of the American Dental Association Committee on the Study of Dental Practice, has been appointed to take charge of this work in the United States and will now address you. I take pleasure in intro-

ducing Dr. Phillips. (Applause.)

DR. HERBERT E. PHILLIPS: I want to congratulate your society on discussing this question this evening. I think it is the first time that a dental society has discussed the particular significance of Panel Dentistry and its relation to American dentistry. There have been a great many papers written by the medical profession and a great many talks given them by the officers of the British organization, but this is the first time, to my knowledge, that an officer of the British dental profession has presented this matter before an audience of American dentists.

Dr. Doubleday's splendid paper is a story of change, and in order to get you to think of the idea of change, I will recount some of my youthful experiences that may be familiar to some of the older men present.

I graduated from dental school thirty years ago. Before graduating from dental school, I courted my wife on a tandem bicycle and after we were married I bought a horse and buggy, and drove around the streets of Chicago as far as the good roads would permit, which was not very far. Today the ribbons of good roads stretch from one end of the country to the other. In Chicago, at that time, we had a few good roads and when you got off you were in the mud. Now you can start in Chicago and go to the end of the country.

I want to bring to you another picture of this change which is going on. Fifty, sixty or seventy years ago, the physician traveled around with saddle bags. He prescribed his medicine, carried it with him, delivered it and took care of the patient himself. He, perhaps, had two years' training in a medical school or with another physician. In fifty years, sixty years, seventy years all that has changed. Today, the modern physician requires laboratory and hospital service in order to give the best service to his patient, and he receives seven years', training before he is turned loose on the public.

When I started to practice my competitor was a barber. He had a sign in his window, "Tooth Pulling, Cupping and Leeching." He represented the dentists of thirty, forty, fifty years ago, in many rural communities. Today, as you know, he is gone; he is part of the past, and we do not see those signs in our barber shops any more.

I have a friend in Chicago who learned the profession of dentistry in an office with another man, under the apprentice system. The training he received was very different from the training that we receive today. That change has taken place w i t h i n approximately thirty or thirty-five years.

You all know the conditions that existed in our dental

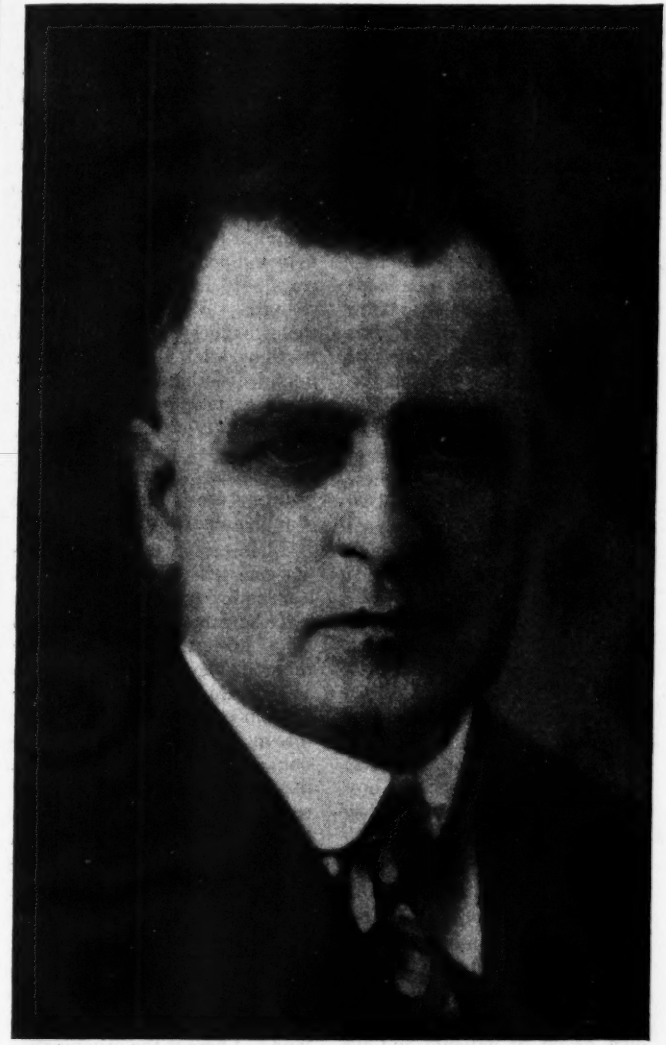
schools in the United States, up to fifteen years ago. They were nearly all privately owned. The Carnegie Foundation made a survey of dental schools and, aided by the American Dental Association, made recommendations that these private schools affiliate themselves with universities. Today, most of the dental schools in the United States are affiliated with universities. The old schools gave two and three years' training, with high school requirements. Today, the dental schools will not receive a man unless they know he has received the preliminary education necessary to enter. An increasingly higher grade of men are entering the dental schools, because they are receiving more adequate preliminary training. All of these changes have taken place within about thirty or forty years.

In industry, the Machine Age came in about one hundred and fifty years ago. Before that time, things were produced by hand in the home and on the farm, by very small groups. The machine came and the guilds that had been producing goods at that time, fought the coming Machine Age and were annihilated by it. Today, that Machine Age has developed until we are having mass-production in practically every field of human endeavor.

One of the last places where the old system is changing is in the chain grocery store. The old grocers were highly individualized men, who had individual stores and catered to the people of the neighborhood. Today, the chain store has come, and the old, individual grocer is fast disappearing.

Now we also have rapid methods of transportation; we have the method of carrying word across the country almost instantaneously with the radio; we have the talkies, the airplane, and all these indicate rapid change. What I want you to feel is that change is taking place before our very eyes, very rapidly and unless we stop and notice where we are today, put a mark and say, "This is where we are today," and then in a week make another mark, we are not likely to see the changes that are taking place.

There are still some individual methods of production left in the country. I want to call your attention to the condition of the farmer, who is an individual producer. He produces in the old, individual way and in our modern world is left far behind. The government has to come to his aid and tries to help him out of the muddle which is inherent in his method of production. The government is recommending that farmers treat the business of farming as mass-production; that they limit their crops in some places; that they market their crops together; that they sell only in a certain way—all of the things that are done by



Herbert E. Phillips, D.D.S., Chicago, Illinois,
Chairman, A.D.A. Committee on the Study of Dental Practice

large businesses that produce things in mass.

In discussing the changes that are taking place, it is especially important for us dentists to give careful attention to the development of medicine. We are inevitably linked with medical progress and we are part of the health service that is given to the people of the United States. We can also watch to advantage the changes that are taking place in medicine since we, as a profession, tend to follow our medical brothers in our adaptation to any change.

As you noticed in Dr. Doubleday's paper, he mentioned the fact that these changes came into England at an early date. They started with the medical profession, and then after the money had been provided to give the people medical care, dental care was brought in. Medicine has been organized as a profession for a longer time than we have; they have more traditions than we have, and they are farther advanced in what we might term "mass-production," such as hospitals, insurance, clinics. They are farther into the fight, much farther than we are.

The dental and medical professions are still producing, the dental profession more than the medical, in the old way of individual production. We have our own offices; we see our own group of patients and we think as individuals. Sociologists, in describing us, speak of us as a very highly-individualized profession.

Can we continue to think in terms of highly-individualized practice, and meet the changes that seem to be on the horizon ahead of us? That is a question which everyone who is interested in dental economics should study very carefully. As I look upon it, there are two ways of facing the possible changes. When I speak of these changes, I don't want you to think that I consider them imminent—that is, that they are likely to take place within the next year, two years, five years, or maybe not even ten or twenty-five years, but I feel that changes are coming, and we should prepare for them.

There are two roads open to us—one, the road that would lead us to become a trade union and the other that would keep us a profession. If we face these changes as a profession and develop the leadership we have in our ranks we can meet this in the spirit of the profession and meet the public needs that will arise. Either that, or we can sit back and just think in terms of dollars and cents and let somebody else do the leading and directing for us, as they have done to some extent in England.

Although Dr. Doubleday did not mention it, there are two dental organizations in England. There is the organization of the men who have graduated from dental school and refused

to take in the men who were not graduates of dental schools.

This first organization of men are the leaders in English dentistry. The other organization tends to become more or less of a trade union. They deal largely with the question of fees, with the question of Panel, and with the details of their everyday work. The same is true in Germany, in Austria and in France. There have been professional trade unions developed wherever health service has been taken over by organizations outside the profession. If we allow these changes to develop outside of our hands, as they have in Europe, the chances are that American Dentistry will fall into the category of trade unions. If this happens we will lose the prestige and the public esteem that goes with professional standing. We will be doing the bidding of others.

I am going to quote some men in order to indicate to you the trend of opinion with reference to these changes among leaders in American thought. One of the first to whom I want to call your attention is Dr. John Dewey, one of our leading philosophers, and head of the Department of Philosophy at Columbia University. In a late number of the *New Republic,* he calls attention, not to changes that are taking place in dentistry, but to the changes that are taking place in general in our United States.

He speaks of the changes that have taken place and the things that the government is endeavoring to do for the people. He says: "The most striking example, of course, is the effort to use governmental agencies and large public funds to put agriculture on a parity with other forms of industry. The case is the more significant, because the farmers form a part of the population that has remained most faithful to the old individualistic philosophy, and because the movement is definitely directed to bring them within the scope of collective and corporate action." The group is a backward one, thinking in medieval terms in our United States. The government is making an effort to bring them to use the methods that have made modern business successful.

Here is another significant thing that Dr. Dewey says and I want you to notice that he uses the word "sporadically." He says, "The various expressions of public control, to which reference has been made, have taken place sporadically, and in response to the pressure of distressed groups, so large that their voting power demanded attention. These changes have been improvised to meet special occasions." That is our American way of doing things—a situation arises, and immediately our politicians, wishing to ride in on the wave of any popular movement, put the desires

of the particular group they represent into law.

Dr. Dewey further says: "In a society, so rapidly becoming corporate, there is need of associated thought to take account of the realities of the situation and to frame policies in the social interest. Only then can an organized effort in behalf of the social interests be made a reality." I will leave that for you to apply to what may be coming in the United States.

I will now quote from the President of Wisconsin University, Dr. Glenn Frank, "It is, I think, an intelligently progressive policy to consider government control of fundamental services only when the inner control breaks down or plays truant to the responsibility. In the light of this principle, I raise the question—is private medicine to be superseded by state medicine or its equivalent?" That is in reference to medicine, but bear in mind what I said to you about the dental profession following in the footsteps of the medical profession.

Dr. Frank says further: "The answer to this question will, I think, depend entirely upon the quality of medical statesmanship displayed by the medical profession during the years immediately ahead."

Even the *Saturday Evening Post* has commented as follows on possible changes: "It is said that only twenty per cent of the people go to a dentist regularly for examination and repair. Obviously then, valuable as the individual practitioner has proven himself to be, there seems to also be a place for groups or institutions. As in every other branch of human activity, changes of organization are bound to occur."

Dr. Ray Lyman Wilbur, a past-president of the American Medical Association, now Secretary of the Interior, says in the *Journal of the American Medical Association*: "Our real difficulty, nevertheless, is that we carry with us much of the economic thinking of the saddle-bag days of medicine. Readjustment is inevitable, and the necessary shifts should be made under the leadership of the profession."

I will now quote from Mr. Filene, one of the leading business men in Boston, who has been very successful, and has spoken a great deal before medical societies. He has some very pronounced ideas as to what is the matter with medical and dental organizations and as to what should be done to correct it. He says, "Mass-production does not mean that everybody shall be overworked and the maximum service on the part of the medical profession does not mean merely that every doctor shall work as hard as he can. In both cases it means that working shall be co-ordinated, and this co-ordination shall be affected on the principle of maximum service, at a minimum cost to the consumer."

He also says, "We are in the middle of the greatest social

revolution in history—a whole new world is coming into existence. Medical science has constantly kept up-to-date, but the organization by which it is applied is far behind the times. I am convinced that medical science travels by airplane in an age of aviation, while medical organization lumbers along in the stage coach."

Mass-production would also apply to the practice of medicine those basic principles of scientific management which have worked such wonders in the business world. He then says, "For years, I have pointed out the advantages to merchants, and public alike, of reducing the cost of distribution, so that prices might be brought down and a wider range of goods bought by a continually larger number of people."

He recommends that the medical group organize medical guilds in which they would have types of all kinds of practitioners, including dentists; have a business man as their manager and deliver service at a lower rate than possible for the private practitioner.

Mr. Filene also says that our present method of doing business, that is, the medical and dental professions, does not encourage the mass to get dental service. "No business which is organized in such a way as to discourage the masses from becoming customers is on a solid economic basis, no matter how excellent its scientific attainments might be."

I will quote from one of our dentists, Dr. Maurice Williams, of New York: "Our country's phenomenal prosperity is traceable to this one fundamental principle—American business has discovered that increased output, low per-unit profit, and decreased cost to the consumer make for fabulous total annual profits. It is this principle that has given rise to mass-production. Henry Ford is its highest expression. On a per-unit basis the Rolls-Royce Company makes Ford's profit look ridiculous, but on a total annual profit Henry Ford makes the Rolls-Royce Company look insignificant. Preventive dentistry makes possible mass-production, low per-unit profit, sustained prosperity for the producer, the dentist, and reduced cost and genuine health service for the consumer, the patient."

Dr. Harris, past-president of the American Medical Association says—and in speaking to Dr. Harris, he assured me that he felt that the dental profession was part of the medical profession, that our organizations should work more closely together, and that their problems were also our problems—"The medical group has an imperative duty or obligation. This obligation of the medical group is to care for the sick, not some of the sick but all of the sick, not some of the time, but all of the time. In order that the profession may acquit itself of this obligation, it is necessary

that it develop a group conscience, a sense of constructive group-responsibility, that will lead to the organization of medical centers, owned and managed by the profession, where all those who are unable to pay regular fees to the physicians may receive the highest class of medical service, at a cost adjusted to their ability to pay. This will require that the profession exercise a degree of business ability, which thus far has been foreign to it, but which it is perfectly capable of doing."

I will now give you a few statements in regard to the development of health and sickness insurance in the United States. No serious suggestion has yet been made to put the same type of insurance that England has had, in the United States, but Dr. William Musgrave, of San Francisco, California, asks the question, in the *California State Journal,* "Is universal life insurance coming?" He says, "Any movement that will insure better health should be encouraged, regardless of the effect upon physicians or other health agencies."

Dr. Bigelow of Yale University says, "The general principle of insurance against illness seems an essentially sound one, and appears capable of improving the medical scale on one hand, while increasing the aggregate income of the medical profession on the other. The Panel System has increased the income of the physicians in England. It seems to the writer, however, that the possibility of voluntary insurance should be thoroughly explored before resorting to compulsion in the United States."

Dr. Wade Wright says in the *Survey Graphic,* "Group, accident and health insurance, not including workmen's compensation insurance, now cover not far from 2,000,000 lives. Undoubtedly when doctors, medical societies, hospitals, a portion of insurable individuals and the insuring bodies are ready to work together, and that time should not be far distant, it will be possible to offer insurance coverage which will pay to sick working-men, totally disabled, a fair approximation of their customary earnings; to those partly incapacitated, somewhat diminished benefits and which will meet, as well, a large portion of the cost required for medical and hospital services."

. . . . .

"It may be done through an extension of the group coverage now offered by great insurance companies."

Dr. Rankin says, "The insurance principle appears to be the only remedy and a most effective one, for providing adequate medical care for a large percentage of people. Only a beginning has been made in its application. The development of the sickness insurance holds a strong appeal to the industrial group. Its availability to agricultural groups will probably follow a more extensive use of

the principle used in industrial centers and as its value becomes more generally recognized we may expect to see the large insurance companies embrace it as a part of their protective program."

I will give you a few ideas of the income of people in the United States and the amount spent for dentistry. There are approximately one hundred and fifty million dollars spent annually for dentistry in the United States and there are about seven hundred million spent by the people of the United States for medicine, and fifty million for healers, chiropractors, osteopaths, Christian Scientists, etc. About twenty-five per cent of the people in the United States receive a yearly income of over two thousand dollars. It is out of this group that this one hundred and fifty million comes. That is from where we get our dental practice. This means that about seventy-five per cent of the people are not getting adequate dental care.

In a survey of twelve thousand families—that means about sixty thousand individuals, the expenditure for the group getting nine hundred dollars a year was an average of one dollar and ninety-nine cents for dental service and for those getting up to twenty-one hundred dollars a year, the average expenditure was eleven dollars and thirty-one cents.

In the group of twelve thousand families there were fifty-three and seven-tenths per cent who spent nothing at all for dentistry. We can presume that the need of dental service for this fifty-three per cent was as great as for the group that spent seventeen dollars and fifty cents.

A survey of another group of families receiving thirty-six hundred a year, spent an average of two hundred and forty-three dollars per family. It is a matter of income—if folks have money they spend it for dental service.

Approximately one hundred and fifty million dollars a year is spent for dental services which comes principally from twenty-five per cent of our population. We are educating the other seventy-five per cent to the need for dental care. Many of them are unable to pay for dental care. Herein lies our p r o b l e m for the immediate future.

Can we make any adjustment to provide for the service? Remember, Dr. Harris says that it is our obligation to care for all the dental needs of the people —that is our professional obligation.

Other questions are, "Can they pay? If they cannot pay, how will this service be rendered?" These are questions that will have to be faced now. We will *have* to answer them five, ten, maybe twenty-five years from now, but we must think of them now.

The way they have been partially met in the United States, today, is by clinics, by group

clinics and by some form of insurance. Clinics have increased from 1900, when we had practically none, to about six thousand clinics and health centers in the United States in 1929. Dentists have increased rapidly since 1900—there are about seventy thousand dentists in the United States, today. They are unevenly distributed; some urban centers have one dentist to every five hundred people and some rural communities have one to every four thousand.

Physicians are on the increase and one of the officials of the American Medical Association assured me that he felt that within five years medicine would reach its saturation point. If this seventy-five per cent of the population is to be cared for, we dentists have not as yet reached the saturation point.

The Committee on the Cost of Medical Care has been organized in Washington to make a study of this whole situation, the dental and medical care of this large middle class of people. I will quote you a few words here, from one of their pamphlets, "The Committee on the Cost of Medical Care has been created to study a problem which, according to the Secretary of the American Medical Association, is one of the great outstanding questions before the Medical Association."

Dr. West, the Secretary of the society says, "This question is the delivery of adequate scientific medical service to all the people, rich and poor, at a cost which can be reasonably met by them in their respective stations of life." This problem is not only the most important before the medical and dental professions today; it is most difficult to analyze the present intricate, confused situation in the field of medicine. To execute studies which will point the way to more efficient service for the people and to formulate wise recommendations on the basis of the facts revealed by the studies, requires ability and statesmanship of a high order." We must find that statesmanship in our dental organization in order to help find a solution for this pressing problem.

This Cost of Medical Care Committee is made up of fifty individuals, physicians, dentists, economists, industrialists, and health officers. They are making a study of this situation all over the United States and they expect in the course of two or three years to get facts on which to base recommendations to the people of the United States and to the professions, advising them as to what methods should be pursued to meet this problem.

Dr. Alfred Cox, the secretary of the British Medical Association says, "It is impossible to exaggerate the importance of carrying public sympathy in any fight or in any problem that you have to face." He further says that, "The price of freedom for medical men is eternal vigilance and

if there should be any likelihood in any of your states of the establishment of a state system of health insurance, I would urge your American colleges to insist upon being consulted, before the scheme becomes crystallized into a bill. One of the chief lessons the Insurance Act has taught us is that a strong and vigilant organization is essential to the medical profession."

Dr. Lait, in the *New Jersey Medical Journal* says, "A need that private agencies have not supplied for the public, the public must and will provide for itself."

In the *Indian Dental Review,* Dr. Salmon says, "Every dentist should be acquainted with the intricacies of the social and political influences in his profession, in order that he may exert the desirable influence on the professional evolution. Dentists and physicians have recognized this too late in Germany." Dr. Wilbur, after listing the encroachment of clinics, group practices and industrial medicine, says, "There is no common program, no strategy, simply the field is gradually being occupied with much overlapping and much dissatisfaction. Leadership requires that ideas be studied and understood."

We dentists will have the operations to perform in the future and it will rest on us, on our attitude, on our thinking, on our leadership as to who directs us in performing the dental operations on the people of the United States. If intelligent leadership gives due consideration to the people's need, if we, as a profession, take an account of the people's need and meet it, we then will be in a position to determine under what conditions we will practice, under whose auspices, and what fees we shall receive. This is our function in modern society.

I have one or two recommendations that I think should be carried out. One is that a committee on dental economics should be formed in every city and state in the United States, and in the American Dental Association. The job of this committee should be the studying of the economic conditions of the practice of dentistry. It should also study, very earnestly and intelligently, the development that is going on outside of private practice. If we had these organizations all over the United States and in the American Dental Association, the central office could gather material and keep sending it out to these different committees so that they could analyze and digest it.

One of the first points on which an economic committee would desire information would, of course, be the income of dentists and the various factors influencing this income. The survey of dental practice now being conducted by the American Dental Association is going to

produce most valuable information for such committees.

These economic committees, I feel, should have very, very close relationship with all the public service committees, because the two problems are very closely related. If we, by our association with the public health work, in our work with the Parent-Teachers' Association, Federation of Women's Clubs, departments of health, and other groups who are interested in the public health—if we function with them, we will develop the ability that our friend Doubleday said the English did not have when they met the expert spokesman of the Friendly Societies. The very fact that we take part in this public health work will give us facility and develop among our dentists an ability to meet situations as they arise. It will also develop leadership in local groups and local societies, which is just as necessary as leadership in our American Dental Association.

There is another suggestion I would like to make. In Chicago, one of the large tooth paste manufacturers contributed through the Public Service Committee of the Chicago Dental Society and the department of health about thirty thousand dollars' worth of educational work in the Chicago schools, and during all of that time there was never a mention made of the product of the company, of the company's name, and no one in the school system knew that it was being put out under their auspices or that it was being paid for by a private concern.

There is a great deal of dental education, so-called dental education, being carried on by our large manufacturers of dental products. It seems to me that it is time these dental dealers got together and put up a fund that could be used under official dental direction so that the educational material sent out could be authentic and worth-while. I feel that this should be given very careful consideration in the near future.

We must go to school intensively in the United States during the next two, three or five years, and study these questions involving dental care for the masses carefully and very thoroughly and find answers that will provide dental care for all the people. We will then be meeting our professional obligations to the nation's health. I thank you for your patience. (Applause.)

CHAIRMAN CHAMBERLAIN: Please stay so that you may get instructions on the questionnaire to be filled out. Dr. Phillips will explain it in detail in just one moment.

DR. PHILLIPS: I have spoken to you of the trend of thought in regard to changes that are imminent, or distant, according to your ability to foretell events.

However, no matter how soon or how far off any change may be, the dental profession

must be fortified with facts relating to dental practice. Because it is only with a knowledge of the facts relating to the geographical distribution of dentists, with dentists' income, with dentists' business methods and other facts to be disclosed by the results of our questionnaire, that our leaders or spokesmen can enter confidently into any conference where change or experiment in dental practice is to be discussed.

I spoke to you of the cost of Medical Care Committee. One of the projects they are undertaking is the study of dental and medical practice. The American Medical Association has already spent a large sum of money in making a survey of medical income. The American Dental Association, last year, appropriated five thousand dollars for such a study of dentistry. The study as it is planned is to cover twenty states.

Missouri is one of the states where we made a trial survey. Missouri, the statisticians tell us, is very typical of the rest of the states, and we can be fairly sure that the returns we get in Missouri will be the same in other states. So we sent out about six hundred questionnaires in Missouri ten days ago. To date we have received only twenty-four or twenty-five per cent of these returns. In order that these returns may be of scientific statistical value, we must have at least seventy-five per cent. We are sending the schedule to one out of every four dentists and must follow through, the statisticians tell us, on the ones that we start out with. We cannot send it to another group, the men who have the questionnaires must turn them in, if the results are to be dependable.

Now, your city and state officers have very kindly consented to follow through on this matter. I wish that every one of you who have received this questionnaire would immediately send it in, because your American Dental Association needs facts intelligently to meet any situation the future has in store.

CHAIRMAN CHAMBERLAIN: I want to develop this subject to a point where everybody understands it thoroughly, and for that reason we will throw the meeting open for a general discussion. I wonder if Dr. Winter wants to say something on this subject; he is very much interested and is one of the trustees of the American Dental Association.

DR. GEORGE B. WINTER: Mr. President, members of the St. Louis Dental Society: Last year, in England, the practice of Panel Dentistry was discussed by the American Dental Society of Europe. The Committee on Dental Costs appeared before the American Dental Association and has been able to help us solve our problem, insofar as preventing many of the problems that have confronted the

George B. Winter, D.D.S., who stresses the importance of professional unity at this time.

British Dental Association. The questionnaire, being sent out today by the Committee on Dental Cost, should be answered by every practitioner.

At the American Dental Association meeting in Washington, where all these problems were brought before the Board of Trustees, including the work on the Cost of Medicine by the American Medical Association, the Board of Trustees felt that we were obligated to follow out the Cost of Dentistry and appropriated five thousand dollars to the Committee. We also know that we are going to spend more money than has been appropriated.

We have been very fortunate in securing Dr. Phillips to act as Chairman. This committee has been discouraged with the work so far carried out in Chicago, so I promised him that if he would come to Missouri and to St. Louis, we would back him up in this work, which I trust every man will do. I thank you. (Applause.)

[Editorial Note:

Owing to the fact that the balance of the discussion on the subject, Panel Dentistry, is quite lengthy, it is necessary to continue the publication of it in the June issue of ORAL HYGIENE.

The discussions of a paper often bring out some of the most interesting and important phases of a question. We believe this to be true in this instance and urge you to not only preserve the account in this issue but to make sure that you read the succeeding part.

As Dr. Phillips has so ably pointed out, it may be years before the question of national insurance dentistry becomes an issue in the United States. In the meantime, however, let us not sit by in smug complacency and find ourselves unprepared when it does confront us.

The American Dental Association's committee on dental costs, under the direction of Dr. Phillips, is doing a splendid, unselfish and far-reaching service in attempting to establish the

cost of dental service. It deserves the unqualified support of every dentist in this country.

When you receive your questionnaire from the American Dental Association, fill it out immediately and return it. In case anyone should hesitate for fear that this information will fall into the wrong hands or into the possession of anyone interested in your personal affairs, let us again assure you that it will not be seen by anyone except the members of this committee. Even then there will be no means of identifying one questionnaire from another as they are all to be submitted anonymously.

The future of American dentistry depends upon the foresight and co-operation of its individual members at this time. Do your part by filling out your questionnaire and returning it to the committee, as soon as you receive it.]

(Continued in the June issue)

STOP!! Don't discard the A.D.A. questionnaire you receive—it may decide the future of dentistry.

International Oral Hygiene

Translated and Briefed by Charles W. Barton

Champs Elysées from Arc de Triomphe, Paris.

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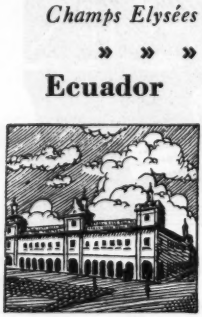
Ecuador



The following observations on the prevalence, the etiology, and the prevention of dental decay are taken from an essay soon to be published by Dr. L. Angel Zapater as a statistical study on the pathology of the children of Guayaquil.

Ninety-six per cent of the children examined showed decayed teeth, 97 per cent being found amongst the inmates of institutions and 95.33 per cent among the school children. The total number of teeth examined was 10,790 of which 2,900 were decayed, and 970 teeth were missing. Among the children between the ages of 3 and 6 years, 90 teeth were missing, or 1.5 per child, while the children above 6 years of age showed a total of 880 missing teeth, or 2 per child. In the school children, 556 teeth were missing or 1.85 per child, and the inmates of asylums showed 414 lost teeth, or 2.7 per child. 479 of the missing teeth had

been lost by boys and 491 by girls. As regards the 2,900 decayed teeth found among the total of 10,790 that were examined, an average of 5.8 carious teeth is found per child. The institutional children showed an average of 6.49, the school children 5.33; or for all the children subjected to the examination an average of 11.76 per child.

Relative to the etiology of dental caries, Dr. Zapater comes to some curious conclusions, as follows: 1. The organic phenomena result from the combined action of external factors, such as: climate, temperature, geological constitution of the soil and its fertility, etc., etc., and of internal factors such as the intellectual characteristics of the individual and society itself. 2. The dental caries of the inhabitants of Guayaquil is not congenital. 3. The climate is a factor which immensely predisposes to dental caries. 4. One of the factors of equal importance is the water, according to poverty or excess in calcium salts.

[We have referred in ORAL HYGIENE for February, 1930, page 274, to Prof. Jansen's summary dismissal of this theory. Dr. Clavero, about a year or so ago, examined this matter and reported on results obtained in the province of Navarre. To his figures Dr. Zapater has now added those found for the drinking water of Guayaquil, and we reproduce his table:

Locality	Calc.	Mag.	Tl Hdss.	Prs. Dec.
Pamplona	0.0843	0.0115	20°	96.45%
Eliozondo	0.0391	0.0053	11.5°	89.15%
Roncal	0.106	0.012	22.1°	86.15%
Tudela	0.108	0.022	22°	62.99%
Guayaquil	0.025	0.000	12°	96.0 %

It seems to be clear that the inorganic mineral contents of drinking water can have no bearing on the calcium economy of the animal body.—C.W.B.]

5. The excessive use of ice in beverage aids considerably in the causation of caries.

The author arrives at the conclusion that the prevalence of dental decay among the children of Guayaquil is due to decalcification; but he is not quite certain if there is a lack of calcium in the food eaten, or if it is rather a disturbance of the calcium poverty of the teeth. Dr. Zapater is rightly suspicious of foods that have to travel long distances and that have to pass through various refrigerators before they are consumed, and asks the rather intelligent question if such "ageing" of foodstuffs may not cause chemical disintegration in them, aggravated later on by faulty preparation and cooking.

True words of wisdom, however, flow from the pen of the author when he states that "in order to practice true oral prophylaxis in Guayaquil it is imperative to know what influence nutrition possesses on the formation of the teeth." Cod liver oil and ultra-violet irradiation play an important role in Dr. Zapater's proposed plan of prevention.

La Odontologia.

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France

The following polemic by Madame B. Somer, surgeon-dentist, on the subject of school dental clinics is so interesting from many viewpoints that we feel justified in rendering it here in an unabridged translation:

"For some time everyone has been talking a great deal about the teeth. Several daily papers devote, in their medical columns, various talks on oral diseases, particularly on pyorrhea.

"The readers, notably the women, speak to us about it every now and then.

"In several countries, the theory of focal infection has caused a revolution in the treatment of the teeth. The patients, moved by the tragic consequences with which they are being impressed, accept without recrimination the extraction of devitalized teeth, and the removal of bridgework constructed at great expense and sacrifice.

"We do not wish here to discuss the exaggerations which might be found in this theory; we simply wish to state that the public of today is much more enlightened on the care and the hygiene of the mouth. A well-prepared movement in favor of school dental clinics, therefore, might have certain chances of success.

"Rightly do we complain of the indifference of our municipalities! But, what have we actually done to jar the inertia of our elders?

"Since the edict of 1909, relative to the dental inspection in secondary schools, there is nothing of interest to report.

"We have in mind here the situation in Paris. Several laudable efforts have been made in the provinces where official, semi-official and private dental services are in operation.

"Everywhere the initiative has come from a group of dentists who have solicited and obtained the co-operation of their respective municipalities.

"To be sure, the difficulties are great when it comes to creating school dental clinics in an agglomeration like Paris, but nothing stands in the way of a well-organized movement, supported by the will to succeed.

"It is a question of our contributing our quota to general prophylaxis, and we can hope for results only if we begin our work with children of tender years.

"There is only one way in which we can ever hope to change for the better the lamentable dental condition which we observe in our hospitals, and that is: to bring under our care and supervision all children, from the day of their entry at school until they

leave, during an epoch of growth and physiological disturbances during which many boys and girls become affected with a veritable deluge of caries of clear aspect, predominant at the proximal surface, an insidious sort of caries which demands conscientious examination and immediate intervention, together with a general treatment.

"Our answer to skeptics is the reiteration of the dictum—which is the foundation of all educational measures—that good habits acquired in childhood persist throughout the entire life.

"Which, then, are surest means of action?

"All the good intentions and good will should be grouped together. There should be organized a *society of school dental hygiene* whose members would be willing to devote some hours to the care of the children.

"This society, of an independent and national character, would have to undertake propaganda in the press and could appeal to certain philanthropic organizations. We may be permitted to hope for encouragement from these quarters.

"Everybody, no doubt, has read in the papers that the *Pari-Mutuel* has supplied funds for a hospital for small animals at the veterinary school at Alfort, equipped with all the comfort and with a refinement of taste which their superior brothers might envy them.

"Private initiative would not fail to take an interest in our work if we would appeal to it properly; the School Fund, which assists undertakings of such nature, would give us its support; the Red Cross, and even the parents if properly enlightened as to our intentions on behalf of their children, would not refuse us a small annual subvention.

"We have an example of this order in the *X-V* ward where a small association, under the name of "Friends of the School," and which is maintained, thanks to contributions from the pupils themselves, pays for the dental service.

"We would ask the Municipal Council to put at our disposal some vacant rooms, either in the town halls or in the dispensaries. And we would begin our crusade in the densely populated districts.

"Many members of the society would give their services because of a spirit of social solidarity. We would preferably solicit the young ones, whose practice does not fully occupy them at first, the women who are predestined for the care of the children.

"Our society, such as it has just been presented, would play but a transitory role. The public authorities would not hesitate to tackle responsibility and to lend the clinic the character of an official institution, with specialists of rank and salaries.

"For the moment we do not aspire to the American-style clinic, with all modern conveni-

ences, such as our American friends know so well how to organize.

"Whenever in our own country a millionaire will take an interest in children's hygiene we shall open a clinic where other specialties also are represented: ophthalmology and oto-rhino-laryngology—which latter is of the greatest possible help to us—an orthodontic service, and a scientific research laboratory where scientists would find the means to study the various cause of dental decay.

"While we are waiting for the Golden Age, let us be content with some simple measures, provided that our children receive the care indispensable for their good health.

"Statistics recently published by *Revue D'Hygiene Dentaire Francaise* gave as 274 the number of school dental clinics in Germany, of which 37 are in Berlin. In that city 21 clinics are operated by the town itself while the others are maintained by the local insurance funds. In the Philippines 20,000 children are looked after by 72 dentists."

La Semaine Dentaire,

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Germany

The fight is on!

Dr. Lewinski of Jena has stood up and questioned the wisdom of wholesale extraction of "dead" teeth, based on the theory of focal infection, a theory imported from America, the land of "diametrical contradictions and grotesque contrasts" —as he calls us—a theory which has for several years now cost also Germany "a great many victims, in intellect and—in teeth."

The trouble is, of course, that Dr. Lewinski is more or less right. He is undoubtedly correct when he warns his colleagues against an exaggerated application of this theory which, after all, is but a very small part of the whole picture, and when he condemns the indiscriminate removal of any and every tooth just because it happens to have lost its pulp.

The accusation by Lewinski that the German dentists have been infected by American "focal-infectiophobia" is contested by Dickmann and Fabry, as well as by Knoche in a very moderate essay on some cases which have come under his observation.

So far the battle, which is being waged in the columns of the *Zahnärztliche Rundschau,* brings nothing new that we do not remember from the bitter tilts—not always of logic—which entertained the unbiased observer on this side of the Atlantic, some time ago. The same dogged determination to hold on to untenable extremes

is shown in both camps. Time, no doubt, will bring the combatants to a saner view of facts. The pity is that these men seem so unwilling to be content with what has been finally achieved in the U. S. A., and that they have to fight it all over again, and that they just have to *slap* us on the wrist instead of being grateful for what American dentistry has given, and is forever giving to the world at the cost of labor, toil and expense as well as of every sincere intellectual effort.

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DENTAL MEETING DATES

Alumni Dental Society of Philadelphia Dental College and Temple University Dental School, Philadelphia, Pa., May 5th.

North Carolina Dental Society, Asheville, May 5th to 8th, inclusive.

Massachusetts Dental Society, Boston, Mass., May 5th to 9th, inclusive.

Pennsylvania State Dental Society, Philadelphia, Pa., May 6th to 8th, inclusive.

Virginia State Dental Association, Richmond, Va., May 12th to 14th, inclusive.

Dental Society of the State of New York, New York City, May 12th to 16th, inclusive.

Indiana State Dental Association Meeting, Indianapolis, Ind., May 19th to 21st, inclusive.

Texas State Dental Society, Fort Worth, Texas, May 20th to 23rd, inclusive.

Northeastern Massachusetts Dental Society, Swampscott, Mass., June 9th to 11th, inclusive.

American Academy of Periodontology, Colorado Springs, Colo., July 17th to 19th, inclusive.

Maine State Dental Society, Poland Spring House, South Poland, Maine, June 19th to 21st, inclusive.

American Dental Association, Denver, Colo., July 21st to 25th, inclusive.

Federation Dentaire Internationale, Brussels, Belgium, August, 1930, (definite date announced later).

"Dear Oral Hygiene—"

"I do not agree with anything you say, but I will fight to the death for your right to say it."—*Voltaire*

Stupid?

In your February number you have an article entitled, "Wanted — More Thinkers." Of course we want more, but do not overlook the fact that as a profession we have thinkers who have thought so much that they know of no sound business or profession that allows its patrons to be bunked to the extent that our profession is.

There is little need of thinking if no good comes of it and the dentist is bound hand and foot by publications that will not publish or even discuss any point that will affect their revenue for advertisements. The same article says "tell people the truth about dentistry." It can't be done, it won't be done. Only a few dentists that know can instruct their own patients.

I agree with the author, only in plain words, that we have a stupid lot in the ranks. I am not overlooking the fact that our progress in technique, restorations and the business side has not made t r e m e n d o u s strides, but there are things closer to our feet that need cleaning up, without reaching for the stars exclusively.

I should be glad to answer communications from any dentist on obscure dentistry.—W. J. CARSHORE, D.D.S., *150 Broadway, New York.*

Not Regusted

Amos 'n' Andy, broadcasting a week or so ago, were the means of me getting a good patient. They were telling about the "great wide open spaces," not out West, but in the mouths of some people. They said: "Great, wide, open spaces are O. K. out West, but were not so good in a modern human's foyer."—R. C. WATLEY, D.D.S., *6212 Woodland Avenue, W. Philadelphia, Pa.*

Can't It Be Done?

"It can't be done;" "I'll do it tomorrow;" "It has been tried before" . . . are manifestations of our aversion to hard work.

They denote disinclination, lack of ambition and the presence of selfishness.

They are the signs, words,

and tokens of failure, alibis of the indolent, and the attributes of the parasite who will share your privileges and joys but not your responsibilities and sorrows.

Those who so bitterly oppose dental reciprocity in the United States are members of this group.—ARTHUR CORSO, D.D.S.,*707 Cambridge Street, Cambridge, Mass.*

Another Dontist

In reading the last issue of ORAL HYGIENE I note your comments* on the Odontist. You listed Orthodontia, Prosthodontia, Exodontia, Periodontia, Pedodontia, Occlosodontia. You omitted Laffodontia, the most important of them all. ORAL HYGIENE is a treat to me each month and I delight in reading it.—H. N. WALTERS, D.D.S., *Warrenton, N. C.*

From Jerusalem

Dr. Henry I. Wachtel has written us of your keen interest in the Dental Clinic which he is establishing and the helpful co-operation you have given him, and it gives me pleasure at this end to acknowledge with thanks the assistance which you have kindly given us.

It is gratifying to us here, working at a far corner of the globe, to know that there is so large a number of people—Jews and non-Jews—interested in the humanitarian effort of Dr. Wachtel and Hadassah, the Women's Zionist Organization of America and ready to give a helping hand. We have received free material from the Colgate and the Novocol companies and copies of *The Dental Digest* and *Dental Items of Interest* and helpful advice from the Forsythe Dental Infirmary, the Rochester Dental Dispensary and Dr. B. W. Weinberger of the Dental Division of the New York Academy of Medicine. To all of these and others we express our thanks in our own name and in the name of the people whom the clinic will serve.

It may perhaps be of interest to add a few words about the Straus Health Centre in general and the place of the Clara Wachtel Dental Clinic in the framework of the Centre. The Health Centre is due to the generosity of the prince of American philanthropists, Mr. Nathan Straus.

True to his lifelong interest in children, Mr. Straus has presented to H a d a s s a h, the Women's Zionist Organization of America, a large sum of money for the construction of a health centre which shall serve all elements of the population without distinction of race or creed. The building was completed in May, 1929, and already the Centre occupies an important place in the life of the community. Within the walls of the building are functioning, or shortly will be functioning, a network of pre-

*March, 1930, ORAL HYGIENE, p. 554.

ventive health activities, most of them conducted by Hadassah, but some conducted by local social agencies. The work begins with the child at its inception—the pregnant mother, and embraces all phases of its development. The care of the infant begins in the prenatal clinic, and is followed in the infant and pre-school clinic. Then the child comes under the surveillance of the School Hygiene Clinic. On the side serving these clinics and supplementing their activities are the Dental Clinic, the Nutrition Clinic, the model Pasteurization Plant, and to unify all a Department of Health Education with a Hygienic Museum and club rooms and a gymnasium for health clubs and physical training.

The Dental Clinic fits into an appropriate groove in the framework of the Centre. The clinic will be devoted exclusively to preventive work in the broad sense. A trained dentist and dental hygienist will be in charge of the clinic, and they will work in close co-operation with the other departments in the building. Pregnant women and children of all ages will automatically be directed by the respective clinics in the Centre to the Dental Department, where the teeth will be examined, cleaned, and other necessary preventive work done. Advice will be given as to the proper care of the teeth and instruction on the relation of diet to the formation and preservation of teeth and the importance of healthy teeth to the preservation of general fitness and health. This close team-work between the various departments of the Centre will lead to a maximum of productive results, at a minimum of waste effort.

Dr. Wachtel has set a fine example of idealism to the members of his profession, and his colleagues have reason to be proud of the fact that they have such a devoted humanitarian in their midst.—I. J. KLIGLER, *Chairman, Health Centre Committee, The Nathan & Lina Straus Health Centre, Jerusalem, P.O.B. 101.*

Next Month:

ORAL HYGIENE will present a debate upon Dental Economics

Tempus Fugit

From the second May issue of ORAL HYGIENE, published 18 years ago, in 1912.

LIFE INSURANCE AND CARIOUS TEETH IN SEPTIC MOUTHS

Life insurance medical examinations have one very weak link, a missing link, a consequential gap, namely, the consideration and appreciation of the fact, that diseased teeth and gums are the most considerable, constant, insistent menace to health to which an individual is exposed. They are a source of insidious infection in the individual and a dangerous depot for the dissemination of disease to others.—ALONZO MILTON NODINE, D.D.S., *New York City.*

PAINLESS DENTISTRY

Just as a tired army lies down for the night and sleeps without fear, knowing that the faithful sentinels upon the outposts will protect it from surprise, so the human body goes on the even tenor of its way, knowing that upon the approach of its enemy, disease, its faithful sentinels, the nerves, will sound the reveille.

Pain is the signal of distress upon which the absolute welfare of humanity depends.

Upwards of ninety-five per cent of the civilized people of today suffer from disease of the teeth, and the dread of pain to be endured in the dental chair is well nigh universal.—C. EDMUND KELLS, D.D.S., *New Orleans, La.*

DO CLEAN TEETH DECAY?

Every one must know, who knows anything about the subject, that tooth decay is not altogether a question of cleanliness or uncleanliness of the mouth. There is every reason for believing that there are other unknown conditions, which act as predisposing causes and which carry with them a susceptibility varying all the way from the most aggravated form of caries to almost complete immunity. How much these unknown factors may be dependent upon local conditions no one can at present say.—ARTHUR H. MERRITT, D.D.S., *New York City.*

ABOUT EATING

In the first place, everybody eats too much. I know a man who calmly acknowledges this fact but says he eats the "too much" because he likes it. You cannot argue with that sort of a fellow.

Most people are funny about this matter of eating. When a man goes shooting, he wants his dog lean and spare, all muscle and no fat; when he goes to a horse race, he puts his money on the horse which looks as if it had been trained fine and was devoid of fat; when he goes to a boxing match he is quick to point out superfluous rotundity in either contestant and pick his better conditioned opponent for the winner; but when a member of his family begins to lay on adipose tissue over various and sundry portions of his or her anatomy, he says with pleasure, "Gee! But you are looking fine." Funny, ain't it?—GEORGE EDWIN HUNT, M.D., D.D.S., *first Editor of* ORAL HYGIENE.

MAY DAY
IS
NATIONAL CHILD HEALTH DAY

Every dentist should co-operate to make practical the ideal set forth in the Child's Bill of Rights

The Child's Bill of Rights

THE ideal to which we should strive is that there shall be no child in America:

That has not been born under proper conditions

That does not live in hygienic surroundings

That ever suffers from undernourishment

That does not have prompt and efficient medical attention and inspection

That does not receive primary instruction in the elements of hygiene and good health

That has not the complete birthright of a sound mind in a sound body

That has not the encouragement to express in fullest measure the spirit within which is the final endowment of every human being.

Herbert Hoover

Ask ORAL HYGIENE

CONDUCTED BY
V. CLYDE SMEDLEY, D.D.S., AND
GEORGE R. WARNER, M.D., D.D.S.,
1206 REPUBLIC BLDG.,
DENVER, COLO.

Please communicate directly with the Department Editors. Please enclose postage. Questions and answers of general interest will be published.

Teething Babies

Q.—Have been reading your "Ask ORAL HYGIENE" with much interest so I thought I would ask you one myself.

What advice can you give me on the teething of babies? What is your opinion on teething devices, for example an ivory ring, also the use of mouth washes or paste in a child's mouth?

What general advice should be given the parents in the care of the child's mouth at teething time?—F.E.K.

A.—Your question is quite pertinent and I am glad to say that in my opinion very little needs to be done for a baby at teething time, other than attention to its general hygiene. If a baby has the right food and is kept clean, it is not apt to have much trouble with teething. A teething ring is a natural and logical aid to the eruption of teeth. Horned animals help to erupt their horns by rubbing their heads against trees. A baby needs nothing more than a mild boric acid solution as a mouth wash.

Occasionally it becomes necessary to lance the gum to aid in tooth eruption, but this should be delayed as long as possible.—G. R. WARNER.

An Osteomyelitis

Q.—As a reader of ORAL HYGIENE let me thank you for the aid I receive through reading the answers to questions submitted to you.

I would like your advice on the following cases:

1. Lower left first molar extracted from girl of fifteen. Mandibular injection used. Tooth came out easily and no apparent after-effects until several weeks following. Spiculae of bone were thrown off and a

large portion of bone was uncovered. The gum does not grow over this bone and there is no apparent sequestration. Shall I resort to surgical procedure to remove this, or is it best to wait for natural sequestration? It is now several months since the extraction.

2. In two or three cases, I have noticed serumnal deposits at the gingivae (black deposits just above the gum line completely encircling the teeth). It is easily cleaned off but returns in less than a month. The digestive system is apparently O.K. and diet is normal. Is there any way of getting these teeth to stay clean for a length of time?

3. I have noticed in most bridges where I use shell crowns as abutments that the gold discolors at the gum line. A greenish-black discoloration appears about a month after insertion of the bridge. My technique of insertion is as follows:

a. Drying of bridge and abutments.
b. Phenolization of abutments and drying of same.
c. Carrying of bridge to place using cement in abutment crowns.
d. Have patient bite on bridge keeping cotton rolls to buccal and lingual.
e. Removal of excess cement when hard.

Can you ascribe any reason for the blackening of the gold? The crowns fit well under the gum line.—M.B.R.

A.—The clinical history of your case No. 1 points to an osteomyelitis. It would, therefore, be advisable to have a consultation with an oral surgeon as to present procedure.

A diagnosis cannot intelligently be given without good radiograms of this region.

Serumnal deposits should not recur in less than six months and probably not less than a year if the patient gets proper home care. A vigorous use of the tooth brush by any of the accepted methods will keep these surfaces quite free from deposits.

The oxidization of shell crowns can be overcome also by the vigorous use of the toothbrush. This oxidization occurs as a result of food debris lying in those rather protected areas on the crown. You will notice that the crowns do not oxidize where they are kept polished by the excursions of food.—G. R. WARNER.

Mercurial Poisoning

Q.—Would appreciate any advice you can give on following case:

Patient, male, 23 years. All teeth in position. Complains of pain upon closure of jaws, increased flow of saliva (spitting most of the day), dryness of throat, loss of appetite. The mouth showed a hyperemia of gums, painful to touch, gingiva on lingual side everted and dark blue in appearance. Patient denies being under treatment

by any physician nor is he taking drugs. He is, however, working in a factory where mercury is handled by another person. My diagnosis is that of mercurial stomatitis, due to the fact that he has an idosyncrasy for mercury. Patient is not a mouth breather and does not handle mercury himself. He does not want to give up his job as I advised him.

Is there any drug that I can advise the patient to use so as to counteract the action of mercury that he may absorb? I advised patient to use hydrogen peroxide as a mouth wash and to use a saline laxative. Treated patient three times but no improvement—I.M.H.

A.—It is quite possible that your diagnosis of the case set forth in your letter is correct. He may come into closer contact with the mercury than he realizes and he may be especially susceptible to its effects. You're right in suggesting that the best cure is to secure a new job. However, it would be wise first to have him consult a physician and ascertain by chemical examination of the blood, saliva and urine if it is in reality mercurial poisoning. —G. R. WARNER.

A Case for the Neurologist

Q.—I would like to solicit your advice on a peculiar case, as to probable cause and remedy. It is a case of a boy now ten years old, rather small for his age, tardy in erupting his deciduous and permanent teeth, who grinds his teeth incessantly at night and during the day when he becomes excited or crossed.

When he first presented, his deciduous anteriors were worn almost to the gingival line and the posteriors had the cusps well worn; we called it nervousness. I have had to extract nearly all of these first teeth. Even though they were loose from absorption of the roots there were no crowns left to help them out. He has no caries in the six-year molars to build up large fillings to take the bite and he is now grinding away the anteriors of the permanent teeth, especially the lowers.

Can you please give me a plausible cause other than nervousness and can you suggest some method of correcting this habit? Shall it be chin strapping or crowning the molars or some other method?—J.D.M.

A.—Your letter presents a most interesting case but for the time being one probably entirely outside the dental field. I have consulted one of our leading neurologists and he says that the child should be studied carefully and suggests the Child Guidance Clinic of New York City, as one of the best places in which to have him cared for.

Please let me know the report of the Child Guidance Clinic, should you go there.—G. R. WARNER.

W. LINFORD SMITH
Founder

ORAL HYGIENE

REA PROCTOR McGEE, D.D.S., M.D.,
Editor

Manuscripts and letters to the Editor should be addressed to him at 514 Hollywood Security Bldg., Los Angeles, California. All business correspondence and routine editorial correspondence should be addressed to the Publication Office of ORAL HYGIENE, Pittsburgh, Pennsylvania.

Sometimes the Truth Hurts

THE thing for the dentist to do is to practice *dentistry*. We have a great and growing aggregation of dentists who do not wish to soil their lily-white hands by running a plaster model. We have a lot of them who couldn't make an inlay to save their lives; there are those who cannot mix amalgam. I know a few who have depended upon their office assistants for so many years to mix cement that if the girl takes a day off or quits, the work stops.

Most of our specialties are the result of the general disinclination to practice the whole range of the profession. Then we have a lot of them who wish to bushwhack into medicine a little. It is truly terrible if the physician encroaches on dentistry, but just think how many dentists you know who are doing a more or less general practice of medicine.

Dentistry is a big enough subject to fill any man's time completely. It is of sufficient importance to lend the most satisfactory dignity to all of those who honestly practice it. But: DENTISTRY IS SOMETHING MORE THAN MERE SALESMANSHIP. It is SERVICE TO HUMANITY.

A friend of mine was lecturing upon a particularly interesting phase of prosthodontia before a large dental society. Several men arose and stated that they wished to do this type of work and would the speaker kindly designate a dental laboratory where

the technique was definitely understood. What are we coming to?

There is one thing that you can definitely expect and that is breaking up of a profession that does not actually practice those arts and sciences that properly belong to it. Medicine being the immediate forbear of dentistry we may take lessons from medical history. The physician originally mixed and dispensed his own medicines; he eventually found it too much trouble; pharmacy took the trouble off his hands. Massage was too hard work, a half-dozen cults have attempted to enter the healing profession through this door.

Making wooden legs, hands, arms, glass eyes, grinding lenses, in fact practically all prosthetic medical and surgical appliances are made entirely outside of medicine and surgery. These various departures have become very thoroughly organized. One might even cite dentistry as the most pronounced separation from the parent stem.

Dentistry has been exceedingly fortunate in holding her own flock of specialties together. These specialties and their necessary mechanical accessories have continued in unbroken unity simply because the great majority of dentists have, until the last few years, been jealously diligent in performing all of the important laboratory construction, using mechanical assistants as assistants only.

Today the situation has so changed that the laboratory operators are more skillful than are many dentists in the production of prosthesis. Great numbers of legal practitioners of dentistry are absolutely unable to do more than take impressions, with more or less skill and fit the finished product, with more or less skill and collect the fee, with more or less skill.

One of my friends who is a man of unusual attain-

ments in the field of prosthesis, read a paper a short time ago before a representative group of dentists upon the construction of continuous-gum dentures. A number of the audience showed their interest by requesting the name of the laboratory that was licensed to carry out the doctor's technique.

One thing is dead certain, if dentistry does not awake from her lethargy and practice dentistry instead of specializing upon salesmanship and becoming dental jobbers, the laboratory workers will surely make a separate profession of prosthesis just as the pharmacists have of pharmacy (exclusive of the department store and lunch idea).

ANY PART OF DENTISTRY THAT IS TREATED LIKE A STEP-CHILD BY A LARGE MAJORITY OF THE MEMBERS OF THE DENTAL PROFESSION WILL FIND A HOME SOMEWHERE.

Moral: Don't overlook anything.

We Rise to Remark That—

THERE has never been another journal like *The Saturday Evening Post.* Even Benjamin Franklin could not have dreamed of its present widespread popularity and influence for good. The very fact of its great bearing upon contemporary thought in the home makes it a most difficult editorial problem.

Things that, in a journal of lesser magnitude would hardly be noticed, become here of considerable importance.

The widespread effort to educate the American people and everybody else to the absolute necessity for the preservation of their teeth, has already proved so much more beneficial than the most enthusiastic of the earlier propagandists had even hoped, that it seems a pity for so pleasant a journal as the one mentioned to help to retain the old terror of dental operations by publishing a caricature of a terrified

citizen who is reminded of the dental bur by the sound of a compression drill digging up a concrete pavement.

Really, Mr. Lorimer, you shouldn't scare the children.

A Visitor from Italy

GR. UFF. PROF. ANGELO CHIAVARO, Director of the Royal Institute of Clinical Dentistry, University of Genoa, Italy, stopped in Hollywood on his way home after spending some months in research and teaching at the Dental Department of the University of California at San Francisco.

The "Gr. Uff." isn't what it seems in English; the doctor is anything but gruff; he is one of the most agreeable and polished gentlemen that it has ever been my good fortune to meet.

Dr. Chiavaro is one of Dentistry's greatest scientists; his studies in the histo-pathology of the dental pulp are classical.

Just as he overlooks nothing in his research, so he plans his travels. On his way home, instead of racing across the continent and grabbing a hurry-up ship for Europe, he is taking his time about the journey. At San Pedro, California, he boarded a trim-looking ship that will carry only twenty-six passengers with plenty of excellent accommodations for each of them. The passenger list is really selected with care so that the company will have a pleasant six weeks going down the coast of Mexico, with a stop at the greater ports, then through the Panama Canal with a stop at Havana and on to the Canaries. When the ship reaches the Mediterranean the most interesting of the Spanish and French ports will be visited, finally arriving at the Professor's home town of Genoa. Just think of it—Genoa, the birthplace of Columbus, who was a student at this very same

University of Genoa where Prof. Chiavaro teaches.

It might also be said that that trim Italian ship is bound by the Koran Amendment only inside the twelve-mile limit and Senor Mussolini will not stand for any coast guard firing upon Italian ships.

In Genoa our good friend teaches in the morning at the University and then what do you think he does?

He certainly surprised me. We are accustomed to think of Americans as the people who have a greater contempt for distance than anyone else in the world but we are not in it with certain denizens of Europe. Dr. Chiavaro has his home in Genoa and his office in Rome, four hundred miles away. He finishes his teaching at noon, eats his lunch and then takes the government airplane for Rome. He arrives at three o'clock and remains in his office until nine in the evening when he takes the Genoa Express, goes to sleep and wakes up in his home town. Of course, he only does this three days each week, the rest of the time he spends in research. At sixty years of age Dr. Chiavaro is happy, healthy, enthusiastic, prosperous and proud of his profession—what more could one ask?

The New Jersey State Board in Another Fight

THE business of State Boards of Dental Examiners is to give *fair* and *honest* examinations to legally qualified applicants for Dental Licenses in their respective states. Dental Examining Boards are not legislative bodies; they are not judicial institutions; their powers are strictly police powers and are definitely limited by law. The fact that certain functions desired by the board of examiners may not be mentioned in the State Law, does not give the Board the right to legislate for its own convenience.

In many states the rules laid down by the State Board are illegally observed as law.

The "Three Time Rule" of the New Jersey Board is not law; it is merely a rule based upon the baseball idea of "Three strikes and out." Many states have this same rule and many dentists have suffered unjustly from it.

The American Dental Association should have a legal department devoted to seeing that the members of the Association get a square deal before state examining boards. The Association of Dental Faculties should carefully look into the grading of examination papers submitted by their graduates to state boards.

Every man who is appointed to membership on state examining boards should be carefully examined himself, both in his technical knowledge and upon the provisions of the law that he is to help enforce.

This is from the Jersey City *Journal*:

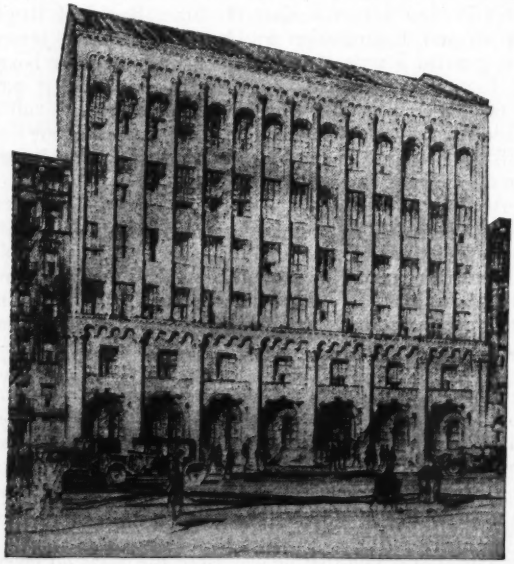
> Counselor Joseph Suravsky, counsel for 85 dental graduates in their action against the State Board of Registration and Examination in Dentistry of New Jersey, was granted a writ of certiorari against the state board by Justice Samuel Kalisch of the Supreme Court Saturday. The writ calls for a review of the board's ruling made several years ago which provides that a student who fails the dental examination three times is forever barred from practicing in the state.
>
> According to Suravsky, the board, under the Dentistry Act, Chapter 146, of the Laws of 1915, does not possess the power to make such a ruling as the one which bars a student from taking the examination after the third time. He claims the board has no power to adopt the ruling nor the powers to fix any number of years on the examinations.
>
> Many of the 85 students whom Suravsky represents attained high honors in their respective schools, according to the lawyer. He also states that a number of them failed in subjects in which they ranked high while pursuing their studies.
>
> In its ruling Counselor Suravsky says that the board is depriving the rights vested in the students in violation of the constitution.
>
> The lawyer said that he had asked the board on several occasions for the opinion on which it based its ruling but

each time had been referred to the Attorney General's office. At that office, Suravsky says, he was told the Attorney General could only give an opinion to a state official and not an individual. A recent communication from the Attorney General's office states that if the former Attorney General had given an opinion in the matter, Suravsky should be able to get it from the state board.

A Dr. Frankel of Jersey City is the complainant in the action and the matter was started after he had been refused by the board an application to take examination last December 2. The writ as granted by Justice Kalisch specifically calls for review the actions of the board taken in the matter of Dr. Frankel at its meetings October 26 and November 5, 1929.

The Guggenheim Dental Clinic

ONE thing that can be said for the Guggenheim fortune, it has young ideas. First the Guggenheims gave a great start to aviation by making pos-



The Guggenheim Dental Clinic ***(Architect's sketch)***

sible research that could only be accomplished through philanthropy. Now the Leonie and Murry Guggenheim Dental Clinic is rising in East Seventy-Second Street, New York, where two hundred thousand dental treatments each year will be given to the needy school children of New York.

Dental diseases are the most prevalent of the infirmities of humanity. Childhood and youth are the greatest sufferers. This magnificent six-story building will be the most complete in the world for its purpose.

A splendid staff of able men and women will give the best that science can offer to these needy children. From this foundation will go forth renewed energy and youthful vigor conserved—so that our future citizens will be better able to rise to the necessities of life as it unfolds before them.

The Average

A CLEVER writer in the *American Lumberman* tells about running into a crowd of a thousand dentists in the lobby of a hotel in Chicago. He said that large group of dentists made him realize that other people had trouble with their teeth, too:

> On the train, escaping from the same banquet, were a couple of dentists on their way home, and they were engaged in conversation, and about the dentist business. One of them said to the other:
>
> "I'd like to see the figures on that bunch there tonight. I'll bet if you could know just how much those fellows make, and the number of hours they put in, and could figure it out, you would find that the average dentist isn't making any more than a living."
>
> We said nothing, of course, but we couldn't quite follow the man's line of reasoning. Maybe the average dentist isn't making any more than a living, but who wants to be an average dentist, or an average lumberman, or an average anything else? Putting it on a commercial basis,

> if the average income of the poets of the United States were $25,000 a year (and it isn't), then we would want to be a $50,000 poet at least.

The *Lumberman* writer is right. An average dentist is one who is better than the worst but hopelessly short of being the best. Who wants to be the next best? Be better than the average. Purgatory was invented for average people—they are a little better than Hell requires but can't quite make the grade into Heaven.

Palm Springs

OUT on the edge of the Great American Desert is a wonderful cañon through which a little river of clear mountain water splashes its fussy course. On the banks grow in profusion a number of varieties of palms, so the gulch is called Palm Cañon. The little town is named Palm Springs and come sufferers from bronchial and lung troubles from many points on the map.

There are ultra-modern hotels and artistic Spanish and English type cottages looking out over the Desert; towering mountains capped with snow rise out of the flat plain; sunrises that are gorgeous beyond description and sunsets equally beautiful. It occurred to me, down there, that sunsets were invented for the benefit of those who have too much sense to get up early enough to see the sun rise.

Here it was that our old friend, Dr. Truman W. Brophy, so loved to spend his winters in the warm, bracing air. For many years he had two homes, Chicago and Palm Springs. I have admired his judgment in so many things that in this selection of his haven of rest I could applaud his enthusiasm.

Dr. Florence S. Green Retires

ON the completion of thirty years of dental practice, Dr. Florence S. Green of Denver, retires to a well earned rest. When the editor of ORAL HY-

GIENE was a student. Dr. Green was well established in practice.

Women dentists were not so plentiful in those days as they are now and sometimes they were not so cordially received as they might have been by their professional brethren, but Dr. Green had such an agreeable disposition and attended so strictly to her own business that she helped to pave the way for the complete acceptance of the woman in dentistry that is the vogue today.

Dr. Green not only carried on a busy practice but she raised a son to study dentistry, Dr. Richard Green, who is now a Lieutenant-Commander in the Dental Corps, U. S. Navy.

ORAL HYGIENE extends to Dr. Green its felicitations upon the termination of a successful practice.

A New Anesthetic

FOR the last three years careful clinical experiments have been carried on both in the U. S. A. and abroad, with a new anesthetic known as avertin. This substance is a tribomethyl alcohol.

At present the best method for using it seems to be by rectal injection. The patient apparently sinks gently into an apparently normal sleep and, on regaining consciousness, seems wholly free from nausea; also, the period of post-operative analgesia is greatly prolonged.

Owing to the fact that the anesthetist and his apparatus are not present, a much clearer field for the operations about the face and mouth may be had. In some twenty thousand administrations, bronchitis and pneumonia have not appeared. It seems quite likely that here we have an agent that will be of increasing importance in oral and facial practice.

Laffodontia

If you have a story that appeals to you as funny, send it in to the editor. He *may* print it—but he won't send it back.

In a certain western town a beautiful chorus girl sued a rich banker for breach of promise and was awarded $10,000. Shortly after leaving the court she was hit by a street car and had eight ribs broken. The same judge awarded her eight dollars.

Moral: Never play with a woman's heart—kick her in the ribs.

"Mother, was your name Pullman before you were married?"

"No, dear; why do you ask?"

"Well, I just wondered. I see that name on a lot of our towels."

"What makes you think Bob won't be out of the hospital for a long time? Did you see his doctor?"

"No, I saw his nurse."

Author: "This is the plot of my story. A midnight scene. Two burglars creep stealthily toward the house. They climb a wall and force open a window and enter the room, the clock strikes one.—"

Sweet Thing (breathlessly): "Which one?"

Dentist: "And what is your business?"

Patient: "Oh, I'm a comic artist on a newspaper."

Dentist: "Then I'll try to live up to my profession as you fellows draw me."

"Billie," said the man's wife, who was giving a children's party, "won't you eat some more cakes?"

"I can't; I'm full!" sighed Billie.

"Well, then, put some in your pockets."

"I can't. They're full, too!"

Little Georgie (speaking to his mamma, thrice divorced and about to marry again: "I'm telling you, mamma, this time I want a papa who'll last a long while."

"Do you believe that jazz is dying?"

"I don't know, but it always sounds to me as if it were suffering horribly."

"If I stole fifty kisses from you, what kind of larceny would that be?" asked the wise one.

"I should call it grand," sighed the sweet young thing, and without batting an eyelash she added: "Penalty—life sentence."

Mrs. Spendit: "I saw the sweetest little Pekingese at the dog show. I wish you'd buy him for me. Only $100 and thoroughly house-broke."

Her Husband: "House-broke, is he? He's got nothing on me. I'm flat-broke!"

The Welfare Worker: "Is it true that your husband does absolutely nothing toward the support of his family?"

The Laundress: "No, it ain't true. Why, he hardly ever goes out in his flivver but he brings back a washin' for me to do."

A New Jersey dentist tells us that his patients ask him the following questions:

"How much costs it a guld kepsule?"

"Is it hard to pull a compacted wisdom tooth?"

"Where can we get septic pencils for warts and wounds?"

"Oh doctor, aren't yer on de meat?"